

Case Number:	CM14-0215929		
Date Assigned:	01/06/2015	Date of Injury:	10/22/2001
Decision Date:	05/01/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/23/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44 year old male with an industrial injury dated 10/22/2001. His diagnosis includes traumatic brain injury secondary to head trauma from date of injury, post traumatic dystonia, status post cervical 5-6 and 6-7 anterior cervical discectomy and fusion, bilateral lower extremity radiculopathy and right shoulder impingement syndrome and status post arthroscopic surgery times 2. Prior treatments include physiotherapy, spinal cord stimulation and intrathecal infusion pump. He presents on 10/21/2014 with complaints of a headache, neck pain and back pain. Objective findings include obvious deformities of his neck and shoulder girdle because of dystonia on the right side. There was severe tenderness to palpation at the sub occipital region. The right upper extremity revealed a clawed right hand with tenderness and swelling of the right arm. MRI and EMG reports are documented in this note. The provider notes the injured worker is in a wheelchair and requires 24 hour care. The provider requested queen size mattress and wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Wheelchair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg section AND Ankle and Foot section, Wheelchair.

Decision rationale: The MTUS is silent regarding wheelchair use. The ODG, however, states that a manual wheelchair is recommended if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. In the case of this worker, the request for a wheelchair was not clarified in the progress notes provided for review. The worker already owned both a manual and motorized wheelchair. It is unclear if this was a mistake or if the request was for a replacement due to a broken wheelchair. Regardless, there was no evidence found to support the request for an additional wheelchair. Therefore, the wheelchair will be considered not medically necessary at this time.

Queen Size Mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Mattress Selection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back section, Mattress selection.

Decision rationale: The MTUS Guidelines do not address mattresses as standard therapy for low back injuries/pain. The ODG, however, states that mattress selection is not recommended to use firmness as the sole criteria. Unfortunately, there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain or neck pain, and mostly depends on personal preference and individual factors. In the case of this worker, there was insufficient evidence to support the purchase of a specific mattress size. No information regarding the need for any particular type of mattress or an explanation as to why one is needed was included in the notes available for review. Therefore, the request for a queen size mattress will not be considered medically necessary.