

Case Number:	CM15-0005351		
Date Assigned:	01/16/2015	Date of Injury:	03/08/2002
Decision Date:	03/23/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/09/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old female as of 12/17/2014 who had requested 1 [REDACTED] adjustable California king bed between 09/10/2014 and 02/13/2015. The request was non-certified as there were no evidence based guidelines to recommend a specialized mattress or bedding due to a lack of high quality studies to support their use. The injured worker was diagnosed with symptoms related to toxic encephalopathy and chronic pain syndrome. She indicated that she had to adjust the head of her bed to 45 degrees to allow her to sleep. She further stated that her bed had become very uncomfortable and had been sleeping on pillows to raise her head. The injured worker was receiving home health care with the indication that the home health services provided her with meal preparation, help with ADLs, and transportation to and from outside services.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 [REDACTED] **adjustable bed cal king:** 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 Chapter-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Mattress selection.

Decision rationale: Under the Official Disability Guidelines, there was no recommended medical necessity for a body contour foam mattress (██████████). It further indicated that mattress selection is subjective and depends on personal preference and individual factors with no medical necessity having been indicated in current clinical documentation to include a more thorough orthopedic comprehensive physical examination. As such, the request is deemed not medically necessary.