

Case Number:	CM15-0102886		
Date Assigned:	06/05/2015	Date of Injury:	03/14/2007
Decision Date:	07/03/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/28/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 46 year old female, who sustained an industrial injury on 3/14/2007. She reported injury from a slip and fall. She was diagnosed with a left upper extremity and left lower extremity sprain/strain and was treated with physical therapy. The injured worker's current diagnoses include bilateral carpal tunnel syndrome and joint pain in the bilateral shoulder, left knee and left ankle/foot. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, functional restoration program, massage therapy and medication management. In a progress note dated 4/21/2015, the injured worker complains of pain the left hip, bilateral knees and bilateral shoulders and increased low back pain from her old mattress. Physical examination showed lumbar spasm and guarding and tenderness to the neck. The treating physician is requesting a new mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 new 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, Low Back, Lumbar and Thoracic (Acute and 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 Mattress selection, Durable Medical Equipment (DME) and Other Medical Treatment Guidelines Medicare.gov, durable medical equipment.

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of a mattress. ODG states "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure." The available medical record does not note any diagnosis of pressure ulcers. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below." Medicare details DME as: durable and can withstand repeated use, used for a medical reason, not usually useful to someone who isn't sick or injured-appropriate to be used in your home. A mattress meets only two of the four DME criteria: durability and appropriate for home use. The classification of Hospital Beds for in home use with a medical reason may meet Medicare DME classification. However, this mattress is not a hospital bed and would not be classified as durable medical equipment and is not recommended per ODG. As such, the request for a new mattress is not medically necessary.