

<b>Case Number:</b>	CM15-0107550		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	12/01/2011
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 57 year old female, who sustained an industrial injury on December 1, 2011. She reported slipping and falling with immediate onset of pain in her right hand, both knees, hip, neck, and back. The injured worker was diagnosed as having status post lumbar spine surgery/fusion at L4-S1, status post cervical spine surgery/C3-C7 discectomy and fusion, right trigger thumb/mild right carpal tunnel syndrome, bilateral knee sprain, and left hip sprain/strain with negative MRI scan. Treatment to date has included x-rays, cervical fusion in 2012, lumbar fusion in May 2014, MRIs, and medication. Currently, the injured worker complains of neck and back pain, with right wrist/hand symptoms. The Primary Treating Physician's report dated May 19, 2015, noted the injured worker reported improvement with recent course of treatment. Examination of the cervical spine was noted to show the cervical lordotic curvature decreased, with tenderness to palpation and muscle guarding over the paravertebral musculature and trapezius muscles, right side greater than left, and increased neck/trapezius pain with axial compression test. The lumbar spine examination was noted to show tenderness to palpation over the paravertebral musculature, lumbosacral junction, and gluteal musculature, bilaterally, with increased axial pain with extension greater than flexion. The right wrist/hand examination revealed slight tenderness to palpation over the flexor tendon and dorsal capsule, with positive Tinel's and Phalen's tests. The treatment plan was noted to include a request for authorization for a Tempur-Pedic adjustable bed, as the injured worker's symptoms were greater.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tempur-pedic adjustable bed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, mattress.

**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 section, Mattress selection Hip and pelvis section, DME.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Temper-pedic adjustable bed is not medically necessary. Durable medical equipment is recommended generally if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serving medical purpose and are primarily used for convenience in the home. The term DME is defined as equipment which: can withstand repeated use; is primarily and customarily served medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. The guidelines do not recommend firmness (mattress selection) as a sole criterion. In this case, the injured worker's working diagnoses are status post lumbar spine surgery with fusion L4 - L5 and L5 - S1; status post C3 through C7 discectomy/fusion; right trigger thumb and right carpal tunnel syndrome; bilateral knee sprain strain; left hip sprain strain; and psychiatric/internal medicine sleep complaints preferred. The date of injury is September 1, 2011. The treating orthopedic provider is requesting a Temper-pedic adjustable bed in an April 2, 2015 progress note. The treating provider indicates the injured worker's existing mattress is too soft. The guidelines do not recommend firmness as a sole criterion. Additionally, this mattress is classified as durable medical equipment. A temper-pedic mattress is not customarily several medical purpose and may be useful to a person in the absence of illness or injury. Consequently, absent guideline recommendations mattress selection (firm mattress) and guideline recommendations for DME, Temper-pedic adjustable bed is not medically necessary.