

Case Number:	CM15-0131963		
Date Assigned:	07/20/2015	Date of Injury:	03/03/2015
Decision Date:	08/17/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/08/2015

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: Emergency 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 55 year old female who sustained an industrial injury on 3/3/15 from a fall down stairs injuring the left side of her body. She has scratches and bruises on the left ankle and pain in the bilateral shoulders, left elbow, left wrist, neck, hips, low back, left ribs and bilateral knees. She was medically evaluated, given Norco, ice, x-rayed. X-rays were negative for fractures. She was taken off work, given crutches and boot for the left ankle. She currently complains of constant right shoulder pain with numbness and tingling extending into the arms and a pain level of 5/10; right hip pain with stiffness, numbness and tingling (4-6/10); right and left knee pain, stiffness, tingling, swelling and locking (4-5/10); low back pain with spasms, numbness and tingling with pain radiating to bilateral hips, knees, ankles and feet; left hip pain, stiffness, numbness and tingling; left ankle pain; neck pain causing headaches; left elbow pain radiating into 4th and 5th fingers; left sided ribcage pain with muscle spasms. On physical exam of the cervical spine there was decreased range of motion, cervical compression causes increased pain traveling to bilateral shoulders; pain was noted in the shoulders at right acromioclavicular joint, bilateral supraspinatus muscles with decreased range of motion bilaterally; tenderness of bilateral thoracic paraspinal muscles, positive Schepelman's test; positive right and left straight leg raise increasing hip pain, positive Kemp's test bilaterally; hips show positive Faber's test with decreased range of motion; knees have decreased range of motion with positive Clarke's and McMurray's tests bilaterally; left ankle has limited range of motion due to pain. She has sleep difficulties. Medication was Tramadol. Diagnoses include cervical myelopathy, radiculopathy, sprain/strain; thoracic neuritis; lumbar sprain/strain; rule

out lumbar disc protrusion; rule out lumbar radiculitis versus lower extremity neuritis; right and left rotator cuff strain/sprain; left elbow sprain/strain; left wrist injury; right and left hip sprain/strain; left knee sprain/strain; left ankle sprain/strain; loss of sleep; anxiety. Treatments to date include 12 aquatic therapy sessions with slow improvement; transcutaneous electrical nerve stimulator unit; home exercise program; physical therapy. In the progress note dated 6/5/15 the treating provider's plan of care includes a request for a Tempur-Contour, Supreme mattress to aid in sleep and decrease pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tempur-Contour supreme 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), Lumbar and Thoracic Chapters, Mattress Selection.

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-Lumbar & Thoracic, Acute & Chronic, Mattress Selection.

Decision rationale: The requested Tempur-Contour supreme mattress, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Low Back-Lumbar & Thoracic, Acute & Chronic, Mattress Selection note "Not recommended to use firmness as sole criteria" and "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain." The injured worker has constant right shoulder pain with numbness and tingling extending into the arms and a pain level of 5/10; right hip pain with stiffness, numbness and tingling (4-6/10); right and left knee pain, stiffness, tingling, swelling and locking (4-5/10); low back pain with spasms, numbness and tingling with pain radiating to bilateral hips, knees, ankles and feet; left hip pain, stiffness, numbness and tingling; left ankle pain; neck pain causing headaches; left elbow pain radiating into 4th and 5th fingers; left sided ribcage pain with muscle spasms. On physical exam of the cervical spine there was decreased range of motion, cervical compression causes increased pain traveling to bilateral shoulders; pain was noted in the shoulders at right acromioclavicular joint, bilateral supraspinatus muscles with decreased range of motion bilaterally; tenderness of bilateral thoracic paraspinal muscles, positive Schepelman's test; positive right and left straight leg raise increasing hip pain, positive Kemp's test bilaterally; hips show positive Faber's test with decreased range of motion; knees have decreased range of motion with positive Clarke's and McMurray's tests bilaterally; left ankle has limited range of motion due to pain. She has sleep difficulties. Based on these negative guideline recommendations and a lack of documented, detailed medical indication for this DME and the lack of provided nationally-recognized, evidence-based, peer-reviewed medical literature in support of this DME as an outlier to referenced guidelines, the medical necessity for this request has not been established. The criteria noted above not having been met, Tempur-Contour supreme mattress is not medically necessary.