

Case Number:	CM15-0134163		
Date Assigned:	07/28/2015	Date of Injury:	03/01/2006
Decision Date:	09/21/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/10/2015

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: 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(n) 54 year old female, who sustained an industrial injury on 3/1/06. She reported pain in her right upper extremity. The injured worker was diagnosed as having complex regional pain syndrome, insomnia, depressive disorder and anxiety. Treatment to date has included acupuncture, Ativan, Suboxone, Zofran, Zolpidem and Cymbalta. As of the PR2 dated 1/11/14, the injured worker reports right upper extremity pain. She is transitioning off Percocet with Suboxone, but reports nausea from this medication. Objective findings include severe edema in the right upper extremity, a resting tremor and allodynia over the entire right upper extremity. The treating physician requested an adjustable bed for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adjustable bed for insomnia: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Durable medical equipment (DME).

Decision rationale: According to ODG, Durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005) The guidelines do not support adjustable bed for a diagnosis of insomnia. The request for Adjustable bed for insomnia is not medically necessary or appropriate.