

Case Number:	CM15-0146652		
Date Assigned:	08/07/2015	Date of Injury:	07/19/2012
Decision Date:	09/03/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/28/2015

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: 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 62-year-old male, who sustained an industrial injury on 7-19-2012. Diagnoses include status post C3-C5 laminectomy with fusion and instrumentation (9/25/2012), multilevel cervical disc bulges, spondylosis and stenosis with myelomalacia, status post right foot surgery, right carpal tunnel syndrome (per nerve conduction studies dated 5-23-2013), status post right ring trigger finger release, right shoulder sprain with possible internal derangement, lumbosacral radiculopathy, bilateral knee contusions and sprain with possible internal derangement, status post pre-existing bilateral knee surgeries, and bilateral knee posttraumatic arthritis. Treatment to date has included surgical intervention (C3-C5 fusion in 2012) as well as conservative measures including diagnostics, medications, injections, physical therapy, bracing and home exercise. Per the Primary Treating Physician's Orthopedic Supplemental Medical-Legal Report dated 12-23-2014, the injured worker reported numbness and tingling into the right wrist as of 9-23-2014. His neck pain also continued with radiation into the right arm. Physical examination revealed decreased cervical spine range of motion. There was tenderness to the right trapezial and scapular regions. Tinel's and Phalen's signs were positive with decreased strength and sensation along the median nerve distribution. The plan of care included diagnostic testing and an adjustable bed and authorization was requested for an adjustable orthopedic bed, computed tomography (CT) scan of the cervical spine and EMG (electromyography)/NCV (nerve conduction studies) of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adjustable orthopedic bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg section, DME.

Decision rationale: Pursuant to the Official Disability Guidelines, adjustable orthopedic bed is not medically necessary. The guidelines do not recommend to use firmness as a sole criterion. 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. In this case, 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 serve 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. In this case, the injured worker's working diagnoses are lumbar spine sprain strain; and bilateral lower extremity radiculopathy; bilateral knee sprain; right shoulder sprain; and right carpal tunnel syndrome. The date of injury is July 19, 2012. Request for authorization is dated June 29, 2015. There is no progress note documentation contained in the 23 page medical record. Utilization review used dates June 22, 2015 progress note to assess the need for an adjustable orthopedic bed. There was no June 22, 2015 progress note in the medical record. According to the utilization review, the injured worker has subjective complaints of cervical spine pain, bilateral shoulders and right arm. Examination showed a positive Spurling's sign. There was tenderness surrounding the right trapezius and scapular regions. The treating provider requested an adjustable orthopedic bed to assist with breathing issues and apnea and help with the neck for better sleep. The guidelines do not recommend firmness as a sole criterion. 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 medical records (according to the utilization review) failed to establish any special positioning that could not be accomplished with ordinary bed. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, adjustable orthopedic bed is not medically necessary.