

<b>Case Number:</b>	CM15-0162298		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	12/01/2006
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Physical Medicine & Rehabilitation

### 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 12-1-06. The injured worker was diagnosed as having carpal tunnel syndrome, tendinitis of bilateral biceps tendon, degeneration of lumbosacral intervertebral disc, and cervical disc herniation. Treatment to date has included injections, physical therapy, unspecified surgery, and medication. Physical examination findings on 3-10-15 included decreased right shoulder range of motion with tenderness and pain. Decreased cervical and lumbar range of motion with tenderness and pain were also noted. Bilateral hand tenderness was noted. Currently, the injured worker complains of pain in the neck, back, bilateral shoulders, and bilateral wrists. The treating physician requested authorization for an adjustable bed for the neck, low back, and shoulders. On 7-23-15 the request was non-certified; the utilization review physician noted "there is no follow-up note explaining the rationale for an adjustable bed."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Adjustable bed for the neck/ low back/ shoulders:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/6453325>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, under Durable Medical Equipment Low Back - Lumbar & Thoracic Chapter, under Mattress Selection and Other Medical Treatment Guidelines Aetna guidelines, Clinical Policy Bulletin Number 0543, Hospital Beds and Accessories.

**Decision rationale:** The 57 year old patient complains of bilateral neck pain, bilateral low back pain, bilateral shoulder pain, and bilateral wrist/hand pain, as per progress report dated 03/10/15. The request is for ADJUSTABLE BED FOR THE NECK/ LOW BACK/ SHOULDERS. There is no RFA for this case, and the patient's date of injury is 12/01/06. Diagnoses, as per progress report dated 03/10/15, included carpal tunnel syndrome, degeneration of lumbosacral intervertebral disc, cervical disc herniation, and bicipital tendinitis. Medications included Renal caps and Acetaminophen. The patient is on permanent modified work, as per the same progress report. MTUS and ACOEM are silent on orthopedic beds. ODG-TWC, Knee & Leg Chapter, under Durable Medical Equipment, states that DME is defined as equipment which is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury. ODG-TWC, Low Back-Lumbar & Thoracic Chapter, under Mattress Selection 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. (McInnes, 2011)" Aetna guidelines, Clinical Policy Bulletin Number 0543, Hospital Beds and Accessories states: "hospital beds medically necessary" if the patient condition requires positioning of the body; e.g., to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections, in ways not feasible in an ordinary bed; or the patient requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration; and the patient's condition requires special attachments (e.g., traction equipment) that cannot be fixed and used on an ordinary bed. In this case, only one progress report dated 03/10/15 is available for review, and the report does not discuss the request. The patient does suffer from neck, low back and shoulder pain. However, ODG does not support "any type of specialized mattress or bedding as a treatment for low back pain." There is no mention of pressure ulcers that would warrant a special support surface. Treater has not documented that the patient presents with congestive heart failure, chronic pulmonary disease, or problems with aspiration, to meet the criteria required by AETNA guidelines. This request is not in accordance with guideline criteria. Therefore, the request IS NOT medically necessary.