

Case Number:	CM15-0203061		
Date Assigned:	10/21/2015	Date of Injury:	07/25/2007
Decision Date:	12/08/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/15/2015

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: Texas, 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:

This is a 56 year old male patient who sustained an industrial injury on 7-25-2007. Diagnoses include left ankle sprain, left knee sprain, depression, insomnia, left inguinal strain compensatory, and right knee sprain. Per the doctor's notes dated 9-4-2015, he had complaints of left leg pain and swelling. The physical examination revealed an antalgic gait with a single point cane, bilateral knee range of motion 0-150 degrees without crepitus, and tenderness and swelling noted at the medial joint line of the bilateral knees; the left ankle- some tenderness in the lateral and malleoli, range of motion somewhat "restricted". The medications list includes Biofreeze gel, Tramadol, Norco and Promolaxin. Treatment has included oral medications and use of durable medical equipment including crutches, a cane, left ankle brace, and left knee brace. Recommendations include left knee brace, left ankle brace, heated therapeutic mattress pad, house aid, Biofreeze gel, Tramadol, Norco, Promolaxin, and follow up as needed. Utilization Review denied a request for Sunbeam heated therapeutic mattress pad on 9-16-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sunbeam therapeutic heated mattress pad: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 09/22/15) Mattress selection.

Decision rationale: Q-- Sunbeam therapeutic heated mattress pad. Per the ACOEM guidelines, regarding heat pad patients may use applications of heat or cold at home before or after exercises; these are as effective as those performed by a therapist. Per the ODG guidelines 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. Therefore there is no high grade scientific evidence to support the use of a special mattress/bed for this diagnosis. Evidence of pressure ulcers or significant spinal cord injury is not specified in the records provided. In addition, the rationale for not using simple a heating pad at home versus a specialized DME is not specified in the records provided. The medical necessity of Sunbeam therapeutic heated mattress pad is not fully established for this patient therefore is NOT medically necessary.