

Case Number:	CM15-0204619		
Date Assigned:	10/21/2015	Date of Injury:	06/03/2009
Decision Date:	12/04/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64-year-old female sustained an industrial injury on 6-3-09. Documentation indicated that the injured worker was receiving treatment for chronic neck, back and shoulder pain. The injured worker was status post cervical fusion in 2011. Recent treatment consisted of right shoulder arthroscopy, physical therapy, acupuncture, injections, epidural steroid injections, psychological care, home exercise and medications. In a PR-2 dated 3-4-15, the injured worker reported that cervical epidural steroid injection (1-22-15) was of benefit. The injured worker was still getting acupuncture for her neck and right shoulder pain. The injured worker was scheduled for right shoulder arthroscopy in the near future. The injured worker was requesting a therapeutic bed, i.e. Tempurpedic bed (Cloud Luxe Split King with premier base). Subjective complaints did not address pain or sleep. Objective findings were documented as "physical examination remains unchanged from previous evaluation". In an orthopedic reevaluation dated 4-2-15, the injured worker was recovering from right shoulder arthroscopic surgery (undated). Physical exam was remarkable for surgical incisions clean, dry and intact. The injured worker could elevate her arm to 170 degrees. Documentation did not include subjective reports of pain. The injured worker was scheduled to start postoperative physical therapy. In a psychological evaluation dated 5-26-15, the injured worker reported having constant back, shoulder, neck, head and arm pain, rated 4 to 6 out of 10 on the visual analog scale. The injured worker stated that her shoulder caused her the most discomfort and impacted her ability to engage in functional movement. The injured worker reported that she slept poorly with fragmented sleep and subsequent ongoing fatigue and worsening ability to concentrate. The injured worker also complained of ongoing dizziness since falling and hitting her head in 2013. The injured worker attributed the fall to fatigue. In an orthopedic reevaluation dated 6-18-15, the injured worker "still reported pain about her right

shoulder." The injured worker's pain was not quantified. The physician noted that the injured worker had had two cervical spine epidural steroid injections but was still having neuropathic type pain that "was going to compromise her right shoulder surgery outcome." In a PR-2 dated 9-23-15, the injured worker reported that recent cervical epidural steroid injections had improved her right upper back pain. The injured worker reported that she was not sleeping well. Subjective complaints did not address low back pain. The physician stated that the injured worker would benefit from a bed that would incline and was queen sized to alleviate her low back pain. Objective findings were documented as "range of motion testing of the right shoulder revealed flexion 160 degrees and abduction 150 degrees). The treatment plan included beginning physical therapy for the right shoulder, continuing psychological care and requesting authorization for a queen size bed with elevating ability and option for inclining back. On 10-2-15, Utilization Review non-certified a request for a queen size bed with elevating ability and option for inclining back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Queen size bed with elevating ability and option for inclining back: 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) Treatment Index 13th Edition (web), 2015, Low Back Chapter.

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 claimant sustained a work injury in June 2009 when she tripped on cords and fell forwards landing on her hands and knees and striking her head. She underwent a cervical decompression and fusion in August 2011 and had left rotator cuff surgery in May 2012 and right rotator cuff surgery in March 2015. She has secondary psychological and cognitive trauma and sleep disorder due to pain. When seen, she was requesting a therapeutic bed. Physical examination findings were unchanged from previous evaluations. She continues to be treated for neck, low back, and shoulder pain. Pressure ulcers, for example, due to a spinal cord injury, may be treated by special support surfaces including beds, mattresses and cushions that are designed to redistribute pressure. 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 request is not considered medically necessary.