

Case Number:	CM15-0021510		
Date Assigned:	02/11/2015	Date of Injury:	11/16/2011
Decision Date:	03/27/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/04/2015

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 49 year old female patient, who sustained an industrial injury on November 16, 2011. The diagnoses have included mild tendonitis of right supraspinatus tendon, right elbow lateral epicondylitis and right wrist swelling of the radioulnar joint. Per the doctor's note dated 11/13/2014, she had complains of bilateral shoulder, right elbow, bilateral hand and wrist, and thumb pain with weakness. Physical examination revealed cervical spine- pain with range of motion, and muscle spasms of the neck and trapezius muscles, pain and tenderness of the right elbow, positive valgus stress test; tender and painful wrists, mild decreased range of motion of the bilateral wrists. She has had old mattress which sags in the middle. The medications list includes percocet, anaprox, norco, prilosec and ambien. She has had cervical and lumbar MRI on 4/5/2013; left and right wrist MRI, right elbow MRI, right shoulder MRI and bilateral hands MRIs on 5/9/2012; EMG/NCS of the lower extremities on 5/9/2013. She has had physical therapy, injections, home therapy, ice applications, heat applications, and steam for this injury. The records indicate she had increased function and decreased pain with physical therapy. She had increased pain following an epidural steroid injection in September 2014. Her treating provider recommends an orthopedic mattress and knee wedge to aid in resting the back by disengaging the muscles and allowing the muscles to relax. On January 7, 2015, Utilization Review non-certified purchase of orthopedic mattress, and purchase of knee wedge. The ODG guidelines were cited. On January 21, 2015, the injured worker submitted an application for IMR for review of purchase of orthopedic mattress, and purchase of knee wedge.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of orthopedic mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Mattress Selection

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Low Back (updated 03/03/15). Mattress selection

Decision rationale: Request: Q-1- Purchase of orthopedic mattress. CA MTUS and ACOEM do not address this request. 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 low back pain. Rationale for the need of orthopedic mattress is not specified in the records provided. Evidence of pressure ulcers or significant spinal cord injury is not specified in the records provided. The medical necessity of Purchase of orthopedic mattress is not fully established for this patient.

Purchase of knee wedge: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Durable Medical Equipment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Knee & Leg (updated 02/27/15). Durable Medical Equipment (DME)

Decision rationale: Request- Q-2- Purchase of knee wedge. CA MTUS and ACOEM do not address this request. Per the ODG guidelines, durable medical equipment is "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME)." Rationale for the medical need of a knee wedge is not specified in the records provided. Response to a simple cushion versus knee wedge is not specified in the records provided. Evidence of failure of previous conservative therapy is not specified in the records provided. The medical necessity of Purchase of knee wedge is not fully established for this patient.

