

Case Number:	CM15-0033845		
Date Assigned:	02/27/2015	Date of Injury:	08/27/1997
Decision Date:	04/07/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/23/2015

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: Anesthesiology, 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:

The injured worker is a 48 year old male, who sustained an industrial injury on 0/8/27/1997. On 01/21/2015 provider wrote a script for tempur-pedic mattress. The diagnoses have included skin protection for pressure ulcers and paraplegia on prescription. On provider visit dated 01/22/2015 the injured worker was noted to have a positive skin lesion. On 02/10/2015 Utilization Review non-certified Purchase of a Tempur-Pedic Mattress. The ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a Tempur-Pedic Mattress: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Lumbar, Acute/Chronic Mattress.

Decision rationale: According to the ODG, there are no high quality studies to guide mattress selection and selection should be based on patient preferences. The original request was denied

for lack of a diagnosis of pressure ulcers. However, according to the documents available for review, the patient does have a diagnosis of pressure ulcers due to paraplegia. Therefore, at this time, the requirements for treatment have been met and medical necessity has been established.