

Case Number:	CM15-0043576		
Date Assigned:	03/16/2015	Date of Injury:	09/07/2010
Decision Date:	05/08/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/09/2015

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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 70-year-old male who reported an injury on 09/07/2010. The injured worker was reportedly driving his truck when he came to a stop and attempted to exit the vehicle, slipped and twisted his knee. The current diagnoses include right knee internal derangement, right shoulder rotator cuff tear, left shoulder rotator cuff tear, asthma, cardiovascular atrial fibrillation, history of peripheral arterial aneurysm, lumbar discogenic disease, and bilateral hip internal derangement. A Request for Authorization form had been submitted on 01/30/2015 for a sleep number bed. However, the latest physician progress report submitted for this review is documented on 11/24/2014. The injured worker presented for a followup evaluation with complaints of persistent pain and activity limitation. The injured worker was also reporting difficulty sleeping. The current medication regimen includes hydrocodone and cyclobenzaprine. Upon examination, the injured worker noted difficulty rising from seated position. There was severe pain upon range of motion of the bilateral knees. The provider indicated it was very difficult to evaluate the lumbar spine as the injured worker's range of motion was very poor with flexion to 10 degrees, extension to 0 degrees, and left and right rotation to 10 degrees. There was limited range of motion of the right shoulder with popping. Positive Jobe's sign, infraspinatus sign, and subscapularis weakness was also noted upon examination. Swelling of the right knee with medial and lateral ligament pain was noted as well as a positive McMurray's sign. There was decreased sensation to pain and touch on the right L4-5 and L3-4 distributions. The injured worker demonstrated an antalgic and limping gait. The injured worker also utilized a cane

for ambulation assistance. Recommendations at that time included continuation of the current medication regimen as well as bracing. The provider also indicated that he would request a Sleep Number bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep number bed: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ACOEM new spine chapter page 20.

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 Chapter, Mattress Selection.

Decision rationale: The Official Disability Guidelines do not recommend using firmness as sole criteria for mattress selection. Mattress selection is subjective and depends on person preference and individual factors. While it is noted that the injured worker reported difficulty sleeping, the current request for a sleep number bed would not be supported. It is unclear how the requested durable medical equipment will affect the injured worker's condition or improve function. Given the above, the request is not medically appropriate.