MAXIMUS Federal Services

Case Number:	CM15-0056945		
Date Assigned:	04/01/2015	Date of Injury:	05/30/2012
Decision Date:	05/04/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/25/2015

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: Georgia, California, Texas
Certification(s)/Specialty: Preventive Medicine, Occupational 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 38-year-old female, who sustained an industrial injury on 5/30/2012. She reported carpal tunnel syndrome and cervical injury. The injured worker was diagnosed as having cervical radiculopathy, cervical spinal stenosis and carpal tunnel syndrome. There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medication management. In a progress note dated 1/19/2015, the injured worker complains of pain in the neck, back, right shoulder, bilateral arms, hands, and pain down the hands and fingers. The treating physician is requesting an orthopedic bed. Documented rationale is to prevent further injury due to inadequate sleeping arrangements, especially following surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase orthopedic bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004, Low Back Chapter, Update November 2007, pg. 76.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back - Lumbar & Thoracic (Acute &

Chronic, updated 04/29/15), Mattress Selection; ODG Knee & Leg Chapter (Acute & Chronic, updated 02/27/15), Durable medical equipment (DME).

Decision rationale: California Medical Treatment Utilization Schedule (MTUS, effective July 18, 2009) and ODG Neck and Upper Back (Acute & Chronic, updated 11/18/14) are silent concerning this request. ODG Low Back - Lumbar & Thoracic (Acute & Chronic, updated 04/29/15) does not recommend use of firmness as sole criteria for mattress selection. In addition, the requested "orthopedic" mattress fails to meet CMS criteria for durable medical equipment as outlined in ODG Knee & Leg Chapter (Acute & Chronic, updated 02/27/15): The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005) A mattress does not serve primarily a medical purpose and is used regardless of the presence of injury or illness. Due to lack of evidence for effectiveness of an "orthopedic" mattress for this condition and failure to meet criteria for durable medical equipment, medical necessity is not established for the requested orthopedic mattress.