

<b>Case Number:</b>	CM15-0083803		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	12/16/2002
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: North Carolina  
 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:

The injured worker is a 55-year-old male with an industrial injury dated 12/16/2002. The injured worker's diagnoses include posttraumatic neuropathic pain in left upper extremity following gunshot wound injury, multiple fractures, obstipation secondary to opioids, traumatic brain injury with posttraumatic stress symptoms, retroperitoneal hemorrhage with residual abdominal pain, intermittent obstructive symptoms and elevated amylase. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/07/2015, objective findings revealed marked atrophy of the left upper extremity, allodynia and impaired strength in the left upper extremity due to pain symptoms throughout. The treating physician prescribed copper type mattress pad (4 inches) now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Copper type mattress pad (4 inches): 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-TWC), Chapter: Pain (Chronic) - Mattress selection; ODG-TWC, Chapter: Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, durable medical equipment.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The equipment itself is not rentable or able to be used by successive patients. Therefore, criteria have not been met per the ODG and the request is not medically necessary.