

Case Number:	CM15-0083812		
Date Assigned:	05/06/2015	Date of Injury:	03/14/2007
Decision Date:	06/04/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application Received:	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 47-year-old female, who sustained an industrial injury on 3/14/07. She has reported initial complaints of slipping and falling in a play area with injury to the left upper and lower extremity. The diagnoses have included sprain/strain left lower extremity and left upper extremity, pain in shoulder joint bilaterally, pain in joint lower leg/left knee and pain in joint left ankle and foot. Treatment to date has included medications, knee surgery, physical therapy, diagnostics, physical therapy and psychiatric care. Currently, as per the physician progress note dated 3/30/15 the injured worker complains of increased low back and hip pain which is made worse by her old mattress which is over 10 years old. She reports that she is unable to sleep due to the increased pain. She continues to report bilateral shoulder pain that radiates to the scapular area. She also reports bilateral wrist and hand pain with rare complaints of numbness and tingling. She also describes left knee and ankle pain that worsens with prolonged standing. The objective findings revealed that she is morbidly obese, she is anxious and in pain. The lumbar spine revealed spasm and guarding on assessment. The current medications included Ibuprofen and Vicodin. She reports benefit from anti-inflammatory and Tramadol so the physician noted that he would prescribe them. She also states that her pain and sleep would improve with a new mattress. The physician requested treatment included a new mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

New 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 (ODG), Low Back-Lumbar & Thoracic (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. The prescribed equipment does not meet the standards of DME per the ODG. In addition, the ODG does not recommended mattress in the treatment of pain. Therefore, the request is not medically necessary.