

Case Number:	CM15-0087896		
Date Assigned:	05/12/2015	Date of Injury:	07/21/2006
Decision Date:	06/16/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/07/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 64 year old male who sustained an industrial injury on July 21, 2006. Previous treatment includes work restrictions, supportive brace, and orthotics. Currently the injured worker complains of pain and swelling of the feet and legs with the left foot worse than the right. The injured worker reports that he is sleeping in a recliner at night due to his neck and back pain and this sleeping position increases the pain and swelling in the feet and legs. He reports that he hears popping sounds in his ankles at time. The pain interferes with his ability to stand and walk for more than ten minutes. Diagnoses associated with the request include right lower extremity chronic pain, tarsal tunnel syndrome of the right lower extremity, bilateral posterior tibial tendinitis, right plantar fasciitis, left Achilles tendinitis, peroneal brevis tendinitis and bilateral lower extremities edema. The treatment plan includes restricted activity, use of brace, and elevation of feet at night, therapeutic bed and ultrasound of the left leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of the left leg: 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), foot and ankle ultrasound, diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Ultrasound (Therapeutic).

Decision rationale: Regarding the request for ultrasound stimulation and conductive gel, CA MTUS does not discuss this issue. ODG does not recommend ultrasound therapy over other, simpler heat therapies. Within the documentation available for review, the requesting physician has not included any peer reviewed medical literature to support the use of ultrasound for this patient despite the lack of support by ODG. As such, the currently requested ultrasound is not medically necessary.

Sleep number bed: 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 Chapter, Mattress Selection.

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 Pain Chapter, Mattress selection.

Decision rationale: Regarding the request for a sleep number bed, California MTUS and ODG do not contain criteria for the purchase of a bed. ODG does state that there are no high-quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Within the documentation available for review, there is no documentation of any clear rationale identifying the medical necessity of a sleep number bed. In the absence of such documentation, the currently requested sleep number bed is not medically necessary.