

<b>Case Number:</b>	CM15-0089307		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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

### 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 male who sustained an industrial motor vehicle injury on 02/28/2013. The injured worker was diagnosed with left rotator cuff tear and low back pain. The injured worker underwent left shoulder surgery with rotator cuff repair and subacromial decompression on March 20, 2015. Treatment to date has included diagnostic testing, surgery, physical therapy for the shoulder and lumbar spine, cold therapy unit, ultra sling and Tramadol and Ibuprofen prior to surgery. Latest lumbar spine magnetic resonance imaging (MRI) was performed in October 2014. According to the primary treating physician's progress report on April 7, 2015, the injured worker was seen on an urgent basis and continues to experience left shoulder and scapular pain. He is documented to be neurologically intact with a normal gait and ability to toe and heel walk. The injured worker reported he was in need of medications. The injured worker reported difficulty rising from a supine to a semi-sitting position on his bed and needs a bed with an electrical device to raise the head due to shoulder pain and low back pain. Examination demonstrated the wound was healed, no infection was noted and neurovascular status was intact. Some mild swelling was noted. No new conditions were documented. Current pain medications being used post-operatively were not documented. Treatment plan consists of ice, Zorvolex was recommended and the current request for a REM Wave Adjustable base for a bed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REM Wave Adjustable base for a 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, Treatment in Workers' Compensation, Integrated Treatment/Disability Duration Guidelines, Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee - Durable Medical Equipment.

**Decision rationale:** MTUS Guidelines do not address this issue. The issue of medically necessary medical equipment is directly addressed in ODG knee section. The request for the adjustable bed is due to a reported difficulty in getting out of bed, however there are no motor or other neurological deficits documented that would support the medical necessity for an adjustable bed purchase. In addition, MRI studies did not reveal any spinal instability or acute changes that would be consistent with an inability to rise out of bed under self-propulsion. Per Guideline standards, the medical necessity of a REM Wave Adjustable base for a bed is not supported. It is not medically necessary.