

Case Number:	CM15-0232084		
Date Assigned:	12/07/2015	Date of Injury:	04/16/2002
Decision Date:	01/11/2016	UR Denial Date:	11/18/2015
Priority:	Standard	Application Received:	11/25/2015

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: 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 79 year old male who sustained an industrial injury on April 16, 2002. Medical records indicated that the injured worker was treated for hypertension, atrial fibrillation and low back pain. Medical diagnoses include chronic pain, atrial fibrillation, hypertension, acute gastritis and other sequelae of cerebral infarction. In the provider notes dated November 4, 2015, the injured worker complained of "having trouble with his new bed because he was not supplied with the correct frame to accommodate the air lines coming out of the bed. This has resulted in the mattress sliding off the current frame and his pillows falling off the bed." On exam, the documentation stated "NAD". The treatment plan includes the sleep number stylish panel upholstered bed frame California King Size. A Request for Authorization was submitted for sleep number stylish panel upholstered bed frame to go with mattress size: California King. The Utilization Review dated November 8, 2015 denied the request for sleep number stylish panel upholstered bed frame to go with mattress size: California King.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep number stylish panel upholstered bed frame to go with mattress size: california king:

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) (http://www.odg-twc.com/odgtwc/low_back.html).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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. It does not serve a primary medical purpose that cannot be accomplished without it. The ODG also does not recommend specialized mattresses or beds for pain treatment. Therefore, criteria have not been met per the ODG and the request is not medically necessary.