

Case Number:	CM14-0144177		
Date Assigned:	10/02/2014	Date of Injury:	02/28/1975
Decision Date:	10/29/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There is a request note from August 14, 2014, from the treating provider indicating that the insured has moderate to severe muscle spasms and cramps in the low back. The diagnoses are listed as phantom limb pain, arthritis, multiple joint involvement, stump pain, arthritis of the lumbar spine, lumbar radiculopathy and left leg pain. The insured is reported to require an adjustable bed to help elevate the low back and extremities to help decrease pain and allow the insured to sleep in a comfortable position. The insured is reported to have tried various pillows, different sleep positionings and even a reclining chair with no decrease in pain symptoms. Note of 04/29/14 indicates that the insured presents for changing of packing. The insured has a left knee BKA with the wound packing in place. The assessment was that there was a silver dollar size erythema area with induration and tenderness with palpable pocket of fluid after a left below-knee-amputation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adjustable Bed: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, mattress selection

Decision rationale: Official Disability Guidelines (ODG) guidelines do not support that there are any high quality study to support the purchase of any type of specialized beddings for the treatment of low back pain. ODG guidelines support that a special mattress may be considered for treatment of pressure ulcers, but an adjustable bed does not fall in that category. The medical records provided for review do not indicate a pressure ulcer and does not indicate physical exam findings such as weakness or loss of function in an upper extremity to support need for an adjustable bed for the insured to enter or rise from the bed. As such the medical necessity of adjustable bed is not demonstrated.