

Case Number:	CM14-0166276		
Date Assigned:	10/13/2014	Date of Injury:	06/04/2012
Decision Date:	11/13/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/08/2014

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 Pain Management and is licensed to practice in California. 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:

The injured worker is a 56 year-old female who sustained a work-related injury on June 4, 2012. She is diagnosed with (a) shoulder impingement, (b) shoulder rotator cuff tear, traumatic, (c) shoulder acromioclavicular joint sprain, (d) shoulder labral tear (e) cervical spondylosis, (f) myofascial cervicothoracic strain, (g) cervical spinal stenosis and (h) degeneration of cervical intervertebral disc. Per medical records dated August 26, 2014, the injured worker reported that she had continued neck pain, left upper extremity numbness and headaches. Examination of the cervical spine showed decreased range of motion in all planes. The medical report dated September 19, 2014 documented that the injured worker continued to complain of neck pain which is aggravated with prolonged or fixed neck position. No significant change was noted on examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adjustable [REDACTED] mattress (firm) and parts: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Knee & leg (Acute & Chronic)

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: Existing evidence-based guidelines affirm that there are no high quality studies yet to support the purchase of any type of specialized mattress or bedding. Therefore, the medical necessity of the requested adjustable [REDACTED] mattress (firm) and parts is not established.