

Case Number:	CM14-0185089		
Date Assigned:	11/12/2014	Date of Injury:	08/24/2003
Decision Date:	12/19/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/06/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of October 24, 2003. A utilization review determination dated October 15, 2014 recommends non-certification of a [REDACTED] mattress. A progress report dated September 3, 2014 identifies subjective complaints of right shoulder pain but overall gradually improving. Physical examination reveals full range of motion in both upper extremities and normal grip strength. Diagnoses included bicipital tendinopathy and ulnar nerve transposition. The treatment plan recommends continuing an exercise program and continuing full duty work. A letter dated November 3, 2014 from the patient states that a QME physician recommended an inversion table and [REDACTED] Mattress. The note indicates that his [REDACTED] mattress is worn as it has been used for over 10 years. The note goes on to state that the patient exercises regularly and has been accommodated at work. He has been using his inversion table, and a previous mattress allowed him to sleep well and alleviate pressure points. A QME dated May 25, 2004 includes future medical care recommendations of chiropractic treatment, physical therapy, over-the-counter medication, inversion table, and an orthopedic mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] mattress: 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), mattress

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 [REDACTED] mattress, California MTUS does not contain criteria for the purchase of bedding. ODG guidelines state that there are no high-quality studies to support purchase of any type of specialized mattress or bedding as a treatment for pain. Within the documentation available for review, the requesting physician has not included any compelling peer-reviewed scientific literature supporting the use of a [REDACTED] Mattress for the treatment of the patient's diagnoses. Therefore, in the absence of guideline support for the purchase of any mattress or bedding, the currently requested [REDACTED] mattress is not medically necessary.