

<b>Case Number:</b>	CM14-0213946		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	09/13/1999
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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: New Jersey, New York  
 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 56 year-old female who was injured on 9/13/99. She currently complains of bilateral knee pain. On exam, she had tenderness, and decreased range of motion of bilateral knees. She was diagnosed with bilateral knee osteoarthritis, cervical spine trapezial musculoligamentous sprain/strain with disc bulges, lumbar sprain with radiculopathy, right shoulder partial rotator cuff tear, tendinitis and impingement of right shoulder, bilateral wrist/forearm tendinitis with carpal tunnel syndrome, de Quervain's synovitis, right elbow lateral epicondylitis and cubital tunnel syndrome. She had right knee arthroscopy in 2002 and in 2007, had a partial medial and lateral meniscectomy and synovectomy of the left knee. A 2005 lumbar MRI showed central canal stenosis at L3-4 and L4-5, facet arthropathy at L4-5 and L5-S. In 2011, she received three Synvisc injections in the right knee without improvement. She takes an anti-inflammatory. The current request is for an orthopedic mattress.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic mattress:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter

**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:** The request is considered not medically necessary. The MTUS does not address the use of mattresses. According to ODG guidelines, it is not recommended to use firmness as sole criteria. There are no high quality studies looking at mattresses for the treatment of low back pain. "Mattress selection is subjective and depends on personal preference and individual factors." Having pressure ulcers may warrant the purchase of a special mattress, however, the patient does not have this diagnosis. Therefore, the request is considered not medically necessary.