

<b>Case Number:</b>	CM14-0215591		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	09/07/1995
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 57 year-old female with a 9/07/1995 date of injury. According to the 11/18/14 chart note, the patient wants a sleep number bed because her medication (illegible) is not working anymore and she has back pain, and pain in the hips and shoulder. The medical reports provided for this review are not in the required PR-2 format, and are not completely legible. On 12/15/2014 utilization review denied a sleep number bed based on ODG guidelines on mattress selection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep number bed:** 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), Low back, Mattress selection

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and leg chapter, DME

**Decision rationale:** The physician has recommended a sleep number bed. There was no rationale provided for the comfort item. Utilization review denied the request based on ODG guidelines for mattress selection. ODG-TWC guidelines discuss DME in general under the Knee chapter. ODG-TWC for Durable medical equipment (DME) states: Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005) The request does not meet the ODG criteria for DME, as it is not primarily used to serve a medical purpose, and it is useful to a person in the absence of illness or injury. The sleep number bed is not a medical device and does not fit the ODG definition of durable medical equipment. The request for a Sleep number bed is not medically necessary.