

Case Number:	CM15-0112096		
Date Assigned:	06/18/2015	Date of Injury:	12/30/2013
Decision Date:	07/17/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old female who reported an industrial injury on 12/30/2013. Her diagnoses, and/or impressions, are noted to include: thoracic 11- lumbar 1 paraplegic secondary to remote injury, status-post back surgery and rod removal (1991); a fall from a wheelchair on 10/20/13 resulting in a femur fracture and irreparable rotator cuff tear in the left shoulder; status-post right distal femoral fracture, status-post open reduction internal fixation (12/13/13); bilateral rotator cuff tear; headaches; and diminished taste and smell. Recent magnetic imaging studies of the right shoulder are noted on 12/30/2014. Her treatments have included a residing in a panel qualified medical evaluation on 2/10/2015; living in a Skilled Nursing Facility with the desire to return to independent life at home; a powered wheel chair; physical and occupational therapy; home modification evaluation on 7/4/2014; a panel qualified medical examination on 2/10/2015; injection therapy; and modified work restrictions, as she has continued steady employment with being a paraplegic. The progress notes of 2/3/2015 reported complaints of worsened right arm, > left, that is with weakness, catching and grinding. Objective findings were noted to include no acute distress; Popeye deformity from the biceps rupture, and marked weakness with limitation of elevation and rotation of the right shoulder; bilateral shoulder massive irreparable rotator cuff tears, with greater symptomatology in the right; thoracic 11-lumbar 1 paraplegic; and status-post femur fracture. The physician's requests for treatments were noted to include the purchase of a queen sleep number bed with frame and total protection mattress pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

One P5 queen mattress (sleep number bed): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Online Version).

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 & Lumbar & Thoracic (Acute & Chronic), Mattress selection.

Decision rationale: The claimant sustained a work-related injury in December 2013 and continues to be treated for injuries sustained as the result of a fall from a wheelchair. She has a history of lower thoracic paraplegia. When seen, there was a healing pressure ulcer. There was decreased right shoulder range of motion. Guidelines recommend that pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. In this case, the claimant's pressure ulcer appears related to her work injury. The requested specialty mattress and pad are appropriate and medically necessary.

One Flex Fit 2 Frame and one sleep number total protection mattress pad, purchase: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg (Online Version).

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 & Lumbar & Thoracic (Acute & Chronic), Mattress selection.

Decision rationale: The claimant sustained a work-related injury in December 2013 and continues to be treated for injuries sustained as the result of a fall from a wheelchair. She has a history of lower thoracic paraplegia. When seen, there was a healing pressure ulcer. There was decreased right shoulder range of motion. Guidelines recommend that pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. In this case, the claimant's pressure ulcer appears related to her work injury. The requested specialty mattress and pad are appropriate and medically necessary.