

Case Number:	CM15-0126639		
Date Assigned:	07/17/2015	Date of Injury:	11/01/2008
Decision Date:	08/13/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/30/2015

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: Maryland

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

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 51 year old male, who sustained an industrial injury on 11/01/2008. On provider most recent visit dated 05/07/2015 the injured worker has reported neck and bilateral shoulder pain, which radiated to bilateral forearm, hand and fingers. Low back pain was noted to be increased and constant. On examination of the cervical spine revealed tenderness to palpation, restricted and painful range of motion, positive cervical compression test and lumbar spine revealed tenderness to palpation, restricted and painful range of motion, decreased sensations to light touch as well and positive sciatic and femoral tension signs was noted bilaterally. The diagnoses have included cervical spine sprain-strain syndrome, cervical radiculopathy secondary to failed cervical spine surgery syndrome and lumbar pin sprain/strain syndrome. Treatment to date has included epidural injections, medication, physiotherapy and chiropractic treatment. The provider requested orthopedic mattress and 6 physical therapy visits for left upper extremity.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mattress selection, Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back-Mattress selection.

Decision rationale: Orthopedic mattress is not medically necessary per the ODG. The MTUS does not address this issue. The ODG states that there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure.

6 physical therapy visits for left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: 6 physical therapy visits for left upper extremity is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition and a transition to an independent home exercise program. The documentation is not clear on exactly how many prior PT sessions the patient has had with a work injury dating to 2008 or why he is not independent in a home exercise program. The request for 6 physical therapy visits is not medically necessary.