

Case Number:	CM15-0128064		
Date Assigned:	07/14/2015	Date of Injury:	07/25/2007
Decision Date:	08/11/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/02/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 57-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 25, 2007. In a Utilization Review report dated June 4, 2015, the claims administrator failed to approve a request for a heated mattress. The claims administrator referenced an April 10, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said April 10, 2015 progress note, the applicant reported ongoing complaints of knee and knee pain. The applicant exhibited a visibly antalgic gait. Norco, Biofreeze gel, tramadol, and a heated twin mattress pad were endorsed while the applicant's permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place, although this was not explicitly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sunbeam therapeutic heated twin mattress pad for the bed: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pp. 861-862 2.

Decision rationale: No, the request for a heated mattress pad was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of mattresses. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that specific beds, mattresses, pillows, or other commercial sleep products are not recommended for the treatment of chronic pain syndrome. Here, the attending provider failed to furnish a compelling rationale for provision of the heated mattress pad in question in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.