

Case Number:	CM15-0174441		
Date Assigned:	09/16/2015	Date of Injury:	11/01/2001
Decision Date:	10/16/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/04/2015

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: California

Certification(s)/Specialty: Emergency 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:

This 67 year old male sustained an industrial injury on 11-1-01. Documentation indicated that the injured worker was receiving treatment for bilateral shoulder acromioclavicular osteoarthropathy, left shoulder calcific tendinitis and adhesive capsulitis, thoracic pain and low back pain. Previous treatment included left shoulder arthroscopy (2008), physical therapy, injections, home exercise, cognitive behavioral therapy and medications. In a PR-2 dated 8-6-15, the injured worker complained of increasing left shoulder pain with a decline in range of motion, rated 7 out of 10 on the visual analog scale, right shoulder pain, rated 5 out of 10 and low back pain with bilateral lower extremity symptoms and spasms, rated 7 out of 10. The injured worker reported having daytime lethargy and localized low back pain as well as entire back pain due in part to springs that protruded from his old, poorly supportive mattress. Physical exam was remarkable for tenderness to palpation to bilateral shoulders with ongoing "limited" range of motion, atrophy of the left deltoid musculature, and unchanged lumbar exam with range of motion: flexion 40 degrees, extension 30 degrees and bilateral lateral tilt and rotation 25 degrees and positive bilateral straight leg raise. The injured worker was requesting a box spring with split mattress. The injured worker had no box spring currently and his mattress had springs coming out. The treatment plan included extracorporeal shock wave therapy for the left shoulder, two California king split mattress with massage feature box spring and frame, continuing lumbar support orthosis, requesting a transcutaneous electrical nerve stimulator unit and continuing medications per pain management. On 9-3-15, Utilization Review noncertified a request for two California king split mattress with massage feature box spring and frame.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 California King Split Mattress with massage feature box spring and frame: 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, Lumbar & Thoracic (acute & chronic): Mattress selection.

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 requested 2 California King Split Mattress with massage feature box spring and frame, is not medically necessary. The injured worker has low back pain as well as entire back pain due in part to springs that protruded from his old, poorly supportive mattress. Physical exam was remarkable for tenderness to palpation to bilateral shoulders with ongoing "limited" range of motion, atrophy of the left deltoid musculature, and unchanged lumbar exam with range of motion: flexion 40 degrees, extension 30 degrees and bilateral lateral tilt and rotation 25 degrees and positive bilateral straight leg raise. The injured worker was requesting a box spring with split mattress. The injured worker had no box spring currently and his mattress had springs coming out. CA MTUS is silent. Official Disability Guidelines, Low Back - Lumbar & Thoracic, Acute & Chronic, Mattress Selection note "Not recommended to use firmness as sole criteria" and "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain." Based on these negative guideline recommendations and a lack of documented, detailed medical indication for this DME and the lack of provided nationally-recognized, evidence-based, peer-reviewed medical literature in support of this DME as an outlier to referenced guidelines, the medical necessity for this request has not been established. The criteria noted above not having been met, 2 California King Split Mattress with massage feature box spring and frame is not medically necessary.