

Case Number:	CM15-0177033		
Date Assigned:	09/17/2015	Date of Injury:	04/17/2014
Decision Date:	10/22/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/09/2015

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:

The injured worker is a 42 year old female who sustained an injury on 4-17-14 resulting when she was moving equipment and a large printer fell off a desk and landed on her knee and her left foot. Injuries sustained to her left ankle, left knee and lower back. Diagnoses include lumbar spine sprain, strain; sprain, strain of knee, leg unspecified site; injury of knee, leg, ankle, foot; tension type headache, unspecified; anxiety; chest, rib pain unspecified; palpitation and depressive disorder. Treatment included medication, physical therapy, biofeedback, trigger point injection, and surgery. An open reduction and internal fixation was performed on 11-6-14 left ankle. Diagnostic testing MRI left ankle and left knee on 4-24-15 reveals left knee anterior cruciate ligament now appears thinned with some visualized intact fibers with may reflect partial tear of the anterior cruciate ligament. The PR2 on 7-30-15 reports low back pain that is constant, radiates with numbness; has trouble with her chair at work and needs ergonomic evaluation of work area and chair; difficulty with sleep due to back and knee pain. Flex Fit #3 sleep slumber bed and left knee fitted brace were requested. Work status is modified duties. Physical examination reveals difficulty rising from sitting; gait is antalgic; moves with stiffness and does not use assistive device for ambulation. Her lumbar spine range of motion flexion was 30, 60; extension 10, 25; right lateral 10, 25 and left lateral 10, 25. Activities of daily living that were uncomfortable were self-care; can only lift very light objects; can stand and walk between 15-30 minutes at a time; a lot of difficulty grasping something off a shelf at chest level; can only walk short distances; cannot climb one flight of stairs; can push or pull very light objects; sleeping is greatly disturbed and she cannot engage in recreational activities. Her pain in the past week was rated 7-8-out of 10. Current requested treatments Flex Fit #3 sleep number bed. Utilization review 8-14-15 requested treatment non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexfit #3 sleep number bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

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-Thoracic and Lumbar", "Mattress Selection".

Decision rationale: MTUS Chronic pain guidelines and ACOEM guidelines do not adequately address this topic. Patient has chronic low back pains with complaints of poor sleep. No details of sleep problem were provided. There is no documentation of other sleep modality interventions including sleep medications, sleep studies or other conservative therapies. There is no documentation that other causes of sleep such as habit related, psychiatric, sleep apnea or poor pain control has been adequately assessed before blaming patient's sleep problems on the bed.

According to the Official Disability Guideline (ODG), mattress selection is subjective and is not recommended due to lack of evidence to support any special mattress selection in low back pain. As per ODG, mattress selection and comfort appears to be purely subjective and is therefore not medically necessary.