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| Case Number: | CM15-0061337 | | |
| Date Assigned: | 04/07/2015 | Date of Injury: | 03/22/1999 |
| Decision Date: | 05/13/2015 | UR Denial Date: | 03/10/2015 |
| Priority: | Standard | Application Received: | 03/31/2015 |

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: Colorado

Certification(s)/Specialty: Family Practice

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 71 year old female, who sustained an industrial injury on 03/22/1999. The injured worker is currently diagnosed as having low back pain. Treatment to date has included physical therapy, discectomy at L1-L2, lumbar spine MRI and medications. Patient has also been using therapeutic mattress and lift chair at home. On 03/02/2015, the treating physician wrote a prescription requesting authorization for a therapeutic mattress and lift chair. In a progress note dated 10/21/2013, the injured worker presented with complaints of chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic mattress: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cms.gov.

Decision rationale: The MTUS, ACOEM, and ODG do not address the use of therapeutic mattresses. Medicare guidelines for approval / use of Durable Medical Equipment were consulted as these guidelines are utilized as the industry standard in healthcare. For a durable medical equipment item, such as therapeutic mattress, to be covered by Medicare, the patient's medical record must document all aspects of the patient's medical condition that establish the necessity for the type/quantity of items ordered, the frequency of use and/or replacement (if applicable). Patient's diagnosis and other information including, but not limited to: "duration of the patient's condition, clinical course, prognosis, nature and extent of functional limitations, other therapeutic interventions and results, past experience with related items, etc." should be included in the record. For the patient of concern, the only clinic note included for review was dated 10/21/2013, and did not include the information outlined above that would be required to establish medical necessity at that time. As there is no updated clinical information to support the need for therapeutic mattress, and no documentation to establish medical necessity even in 2013, the therapeutic mattress is not medically necessary.

Lift chair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Aetna clinical policy bulletin: therapeutic chairs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cms.gov.

Decision rationale: The MTUS, ACOEM, and ODG do not address the use of therapeutic mattresses. Medicare guidelines for approval / use of Durable Medical Equipment were consulted as these guidelines are utilized as the industry standard in healthcare. For a durable medical equipment item, such as lift chair, to be covered by Medicare, the patient's medical record must document all aspects of the patient's medical condition that establish the necessity for the type/quantity of items ordered, the frequency of use and/or replacement (if applicable). Patient's diagnosis and other information including, but not limited to: "duration of the patient's condition, clinical course, prognosis, nature and extent of functional limitations, other therapeutic interventions and results, past experience with related items, etc." should be included in the record. The specific item needed should be specified. For the patient of concern, the only clinic note included for review was dated 10/21/2013, and did not include the information outlined above that would be required to establish medical necessity at that time. As there is no updated clinical information to support the need for lift chair, no specific information about the type of lift needed, and no documentation to establish medical necessity even in 2013, the lift chair is not medically indicated.