

Case Number:	CM15-0066615		
Date Assigned:	04/14/2015	Date of Injury:	07/06/2010
Decision Date:	06/11/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/08/2015

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: 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 injured worker is a 50 year old female who sustained an industrial injury on 7/6/10. The injured worker reported symptoms in the right shoulder. The injured worker was diagnosed as having status post right shoulder distal clavicle excision (8/11/14), status post right medial and lateral epicondylitis release and right cubital tunnel. Treatments to date have included physical therapy, status post left knee arthroscopy, status post left total knee replacement, transcutaneous electrical nerve stimulation unit, right elbow sleeve, topical patches, proton pump inhibitor, home exercise program, non-steroidal anti-inflammatory drugs, activity modification, ice/heat and injections. Currently, the injured worker complains of right shoulder discomfort. The plan of care was for an adjustable bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adjustable 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 Official Disability Guidelines (ODG) Low Back Chapter/Mattress Selection.

Decision rationale: The MTUS Guidelines do not address electric adjustable bed and mattress. The ODG report that studies do not provide evidence for mattress selection based on firmness as a sole criteria. Mattress selection is subjective and depends on personal preference and individual factors. Pressure ulcers from spinal cord injury may be treated by special support surfaces, including beds, mattresses and cushions, designed to redistribute pressure. The injured worker was diagnosed with status post shoulder distal clavicle excision, status post right medial and lateral epicondylitis release and right cubital tunnel. The medical necessity of this request as treatment for her industrial injuries has not been established. The request for adjustable bed is determined to not be medically necessary.