

Case Number:	CM15-0067639		
Date Assigned:	04/15/2015	Date of Injury:	09/29/1986
Decision Date:	05/19/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/09/2015

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: Texas, Illinois

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 69-year-old female who sustained an industrial injury on 9/29/1986. Her diagnoses include: lumbosacral neuritis and arthrodesis; status-post anterior posterior lumbar fusion with hardware (10/27/11); multi-level cervical degenerative changes; medial meniscal tear - right knee; left knee meniscal tear; placement of spinal cord stimulator (trial on 9/16/13); removal of non-working spinal cord stimulator on 2/6/2014; and removal of spinal cord stimulator paddle and pulse generator on 11/6/2014. Her treatments have included multiple surgeries; lumbar fusion surgery; a cane for ambulation; H-wave therapy; and pain management. The progress notes of 3/11/2015 included complaints of having difficulty getting around at home, and feeling unsafe at home, requesting some bars be installed at her house so she can hold on to when moving around. In addition, that she has a Tempurpedic bed with is too soft for her and when she lies on it is almost impossible for her to get out of bed, so she is requesting a sleep number bed. The physician's requests for treatments include handrails for the bathroom shower, and a sleep number bed for low back symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Rest Room Shower Rails: 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), Knee Chapter, Durable Medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic)Durable medical equipment (DME).

Decision rationale: The injured worker sustained a work related injury on 9/29/1986. The medical records provided indicate the diagnosis of lumbosacral neuritis and arthrodesis; status-post anterior posterior lumbar fusion with hardware (10/27/11); multi-level cervical degenerative changes; medial meniscal tear - right knee; left knee meniscal tear; placement of spinal cord stimulator (trial on 9/16/13); removal of non-working spinal cord simulator on 2/6/2014; and removal of spinal cord stimulator paddle and pulse generator on 11/6/2014. Her treatments have included multiple surgeries; lumbar fusion surgery; a cane for ambulation; H-wave therapy; and pain management. The medical records provided for review does not indicate a medical necessity for (1) Rest Room Shower Rails. The MTUS is silent on this. Although the Official Disability Guidelines recognizes that medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, the Guidelines does not consider environmental modifications primarily medical in nature. Request is not medically necessary.

Sleep Number Bed: 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 Chapter, 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 injured worker sustained a work related injury on 9/29/1986. The medical records provided indicate the diagnosis of lumbosacral neuritis and arthrodesis; status-post anterior posterior lumbar fusion with hardware (10/27/11); multi-level cervical degenerative changes; medial meniscal tear - right knee; left knee meniscal tear; placement of spinal cord stimulator (trial on 9/16/13); removal of non-working spinal cord simulator on 2/6/2014; and removal of spinal cord stimulator paddle and pulse generator on 11/6/2014. Her treatments have included multiple surgeries; lumbar fusion surgery; a cane for ambulation; H-wave therapy; and pain management. The medical records provided for review do not indicate a medical necessity for Sleep Number Bed. The MTUS is silent on Beds and Mattress, but the Official Disability Guidelines does not recommend one mattresses over the other, rather it notes that Mattress selection is subjective and depends on personal preference and individual factors. Request is not medically necessary.

