

<b>Case Number:</b>	CM15-0090539		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	09/22/2010
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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, California  
 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:

This is a 64 year old male patient, who sustained an industrial injury on 9/22/2010. The mechanism of injury is unknown. The diagnoses include cervical and lumbar herniated nucleus pulposus, right elbow and hand ulnar neuritis, left shoulder pain, rotator cuff arthropathy, multiple bilateral shoulder surgeries and 2 bilateral carpal tunnel releases. Per the progress notes dated 3/9/2015 and 4/22/2015, he had complains of constant sharp pain in the left shoulder, radiating to the arm and elbow and pain and numbness in the bilateral hands-rated 8-9/10 and right elbow pain-rated 8-9/10. The physical examination revealed right elbow tenderness over the medial epicondyle and ulnar nerve in the groove, limited range of motion of the right elbow, sensory deficits in right ulnar nerve distribution and wasting of interossei muscles in the right hand. The medications list includes Motrin and Norco. There is no record of a recent diagnostic study. He has undergone right shoulder surgery x2, left shoulder surgery x2, bilateral carpal tunnel surgeries x 2 and left ulnar nerve release. He has had physical therapy and medication management. The treating physician is requesting rental or purchase of an electric bed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electric Bed (Rental Or Purchase):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 05/15/15) Mattress selection.

**Decision rationale:** CA MTUS and ACOEM do not address this request. Per the ODG guidelines, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure." Therefore, there is no high-grade scientific evidence to support the use of a special mattress/bed for low back pain. Evidence of pressure ulcers or significant spinal cord injury is not specified in the records provided. Therefore, the request for Electric Bed (Rental or Purchase) is not medically necessary.