

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 09/25/2006. This patient is a 61-year-old woman with a history of chronic neck pain with bilateral upper extremity radiation and low back pain radiating to the lower extremities and right forearm and lower extremity. The patient also has been noted to have the diagnosis of complex regional pain syndrome of the left lower extremity. An appeal letter by the treating physician disagrees with the prior non-certification for requested treatment. The treating physician notes that the patient utilizes a cane in order to ambulate and on cervical exam the patient had tenderness in the bilateral paravertebral area with decreased sensation bilaterally and with cervical range of motion moderately limited due to pain. The patient was noted to have spasm in the bilateral paraspinals. Lumbar motion was severely limited due to pain. Pain was significantly increased with flexion and extension. Grip was decreased on the right. Tenderness was noted at the right elbow and right hand. The patient also had allodynia in the left lower extremity. Nerve conduction studies were noted to be consistent with carpal tunnel syndrome and cubital tunnel syndrome. This appeal letter notes that the patient has a condition which requires positioning the body in ways not feasible with an ordinary bed and requires the head of the bed to be elevated. That appeal also notes the patient requires traction equipment. The note indicates that the patient is found to require an orthopedic mattress and therefore an electric bed should also be necessary.

The prior reviewer concluded that a Tempur-Pedic mattress was not medically necessary and that the guidelines did not support that the patient required a motorized mobility device.

IMR DECISION(S) AND RATIONALE(S)

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

1. Motor scooter is not medically necessary and appropriate.

The Claims Administrator based its decision on the ODG Guidelines, Power mobility devices (PMDs), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG) Section Knee, Section Low Back, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

Regarding a motor scooter, the Official Disability Guidelines/Treatment in Workers' Compensation/Knee, states regarding power mobility devices, "Not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker or if the patient has sufficient upper extremity function to propel a manual wheelchair." The medical records at this time do not provide a rationale as to why this patient cannot use a manual wheelchair. Therefore, a motor scooter is not supported.

2. Tempur-Pedic mattress is not medically necessary and appropriate.

The Claims Administrator based its decision on the ODG Guidelines, Mattress selection, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG) Section Knee, Section Low Back, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

Regarding a request for a Tempur-Pedic mattress, the Official Disability Guidelines/Treatment in Workers' Compensation/low back states regarding mattress selection, "There are no high-quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain." The treating provider has stated that this patient has been found to be "entitled" to a Tempur-Pedic mattress; the basis for that conclusion is not clear. Overall, the medical records and guidelines do not support a request for the Tempur-Pedic mattress. This is not medically necessary.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0015692