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Notice of Independent Review Decision

July 29, 2015

IRO CASE #:

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

DME: Replacement of mattress with overlay

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Physical Medicine and Rehabilitation Physician

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld                      (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who sustained work-related injury in xxxx while employed after a fall. He sustained injuries to his cervical and lumbar spine, left knees and right shoulder.

**2014:** On October 15, 2014, evaluated the patient for neck pain, right shoulder pain, low back pain and left knee pain. It was noted that he had undergone three-level ACDF and had difficulty with complications including dysarthria, dysphagia and esophageal dysmotility. He was initially seen on August 21, 2014, and was utilizing Endocet 5 mg, Librax 2.5 mg and Ambien 10 mg. On examination, the patient had decreased flexion and extension of the cervical spine with posterior neck pain more on extension and was diffusely tender over his right cervical facet column. He had decreased range of motion (ROM) of his right shoulder with pain and tenderness over anterior/posterior aspect. He

had a slow, stiff and antalgic gait. He was walking with a limp. He had decreased flexion and extension with low back pain more on flexion. He had low back pain on axial rotation bilaterally right greater than left. He was tender over his lower lumbosacral junction and tender over his right lumbar facet column. Straight leg raising (SLR) was position was negative bilaterally. He was tender over anterior, medial and lateral aspect of the left knee. He had pain on ROM of his left knee. diagnosed status post work related injury in 1994 when sustained a fall injuring his cervical and lumbar spine, left knees and right shoulder; status post three-level cervical fusion with postop complications including dysarthria, dysphagia and esophageal motility; chronic axial lumbar pain and chronic opioid use in the form of Endocet. The patient was recommended urine drug screening (UDS) and recommended continuing current medications as prescribed. He was recommended to follow-up as scheduled.

On October 15, 2014, UDS was positive for oxycodone, Oxazepam, noroxycodone and oxymorphone.

On December 18, 2014, evaluated the patient for medications refills. He was currently utilizing zolpidem, chlordiazepoxide-clidinium, Endocet, Ambien, lamotrigine, metoprolol, Alfuzosin ER, Celexa and Panlor SS. Ms. Riley refilled medications.

On December 22, 2014, evaluated the patient for low back pain radiating down the right lower extremity especially hip. He continued taking medications as prescribed. The past medical history was remarkable for hypertension, arthritis, and surgery to knee, shoulder, herniated disc, tonsillectomy, neck surgery and cholecystectomy. The diagnoses were degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis unspecified, backache, myalgia and myositis unspecified, spasm of muscle and pain in joint involving pelvic region and thigh. The report is incomplete.

**2015:** On January 15, 2015, the patient returned for medication refills. refilled medications.

On February 26, 2015, evaluated the patient for ongoing neck pain, headache, and lower back pain. The patient continued to have esophageal dysmotility as a result of his diffuse three-level surgery. His current medications included zolpidem, chlordiazepoxide/clidinium, Endocet and Panlor SS. On examination, the patient walked with an antalgic gait. He was favoring the left side. He was unable to perform heel raise and toe raise. The lumbar ROM was limited due to pain. He had some give-way weakness in the left lower extremity in the leg extension particularly that improved to some degree with encouragement. The ROM of the upper extremities was limited particularly at the shoulders where he could get just beyond horizontal, but not beyond. The diagnosis was brachial neuritis or radiculitis. The patient was recommended replacement of medical device that was furnished by the carrier in the form of hospital bed (it was the mattress and overlay that required replacement only) and medications.

In a letter dated February 26, 2015, stated that the patient relied on the use of a hospital bed along with mattress and overlay that was provided by his Worker's Compensation carrier years ago. The patient and his wife reported that his mattress and overlay were completely worn and required

replacement. The provider reported that he was requesting pre-authorization for replacement of these medically needed devices.

On March 25, 2015, saw the patient for medication refills. It was noted that the patient was taking the medication exactly as prescribed and was stable on the medication regimen. The medications were helping with his pain. He stated that with the medications, he was able to cope, decrease pain, and increase function. He was utilizing Etidocet 10/325 mg, zolpidem 10 mg, chlorthalidone-hydrochloride 5-2.5 mg, lamotrigine 100 mg, metoprolol succinate ER 50 mg, alfuzosin ER 10 mg and Panlor SS. The diagnosis was thoracic or lumbosacral neuritis or radiculitis, unspecified. Ms. Riley refilled medications.

Per utilization review dated May 13, 2015, the request for DME purchase: replacement of mattress with overlay was denied with the following rationale: *"In my judgment, the clinical information provided does not establish the medical necessity of this request. According to the provider, this patient was provided with a hospital bed years ago and the mattress and overlay are worn out and need replacements. It is unclear; however, why the initial hospital bed was provided and if there is a current medical need for ongoing use. As there was no documentation necessitating the use of a hospital bed over a traditional bed, at this time, based on information provided, medical necessity has not been established for a replacement mattress with overlay."*

Per a letter of medical necessity dated May 22, 2015, noted the patient had significant sleep disturbances that were alleviated to a large extent by use of an orthopedic mattress. This mattress and overlay were worn and unusable and needed to be replaced. opined that the use of an appropriate orthopedic mattress and overlay was medically necessary to allow the patient to get proper sleep which was important for individuals who have had injuries and surgeries such as this patient.

Per reconsideration review dated May 29, 2015, the appeal for DME purchase: replacement of mattress with overlay was denied with the following rationale: *"In my judgment, the clinical information provided does not establish the medical necessity of this request. Although the patient has had ongoing neck pain related to his industrial injury, the most recent clinical documentations did not identify any unique circumstances that warranted the use of a medical/hospital bed over a normal mattress or traditional bed based on the provided information. His most recent assessment noted his pain and antalgic gait. However, he was not suffering from any significant skin problems or was identified with the inability to independently readjust his position or use a normal bed during hours of rest. Therefore, after review of the clinical documentation, the requested DME Purchase: replacement of mattress with overlay is determined to not be medically necessary."*

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

**There is no medical evidence to support the need for an orthopedic mattress or overlay. Medical records do not indicate skin breakdown, ulcerations or the lack of ability to**

transfer, shift position or alleviate pressure areas due to physical deficits. Although there is reported neck pain there is no documentation supporting the need for medical/hospital bed over a traditional one. Therefore, the replacement mattress with overlay is not deemed to be medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

Per the Center for Medicare and Medicaid services National Coverage Determination states  
**“General Requirements for Coverage of Hospital Beds**

A physician's prescription and such additional documentation as the Medicare Administrative Contractor (MAC) medical staff may consider necessary, including medical records and physicians' reports, must establish the medical necessity for a hospital bed due to one of the following reasons:

- The patient's condition requires positioning of the body; e.g., to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections, in ways not feasible in an ordinary bed; or
- The patient's condition requires special attachments that cannot be fixed and used on an ordinary bed.