

<b>Case Number:</b>	CM13-0026224		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	11/20/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient with a date of injury of 11/20/12. A utilization review determination dated 9/9/13 recommends non-certification of an ergonomic workstation. A 6/13/13 medical report identifies pain of the right wrist. On exam, there is tenderness. The patient is noted to be doing well after right carpal tunnel release with improving motion and strength after 12 sessions of occupational therapy. Recommendations included 12 additional OT sessions and an ergonomic workstation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ERGONOMIC WORKSTATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 4, Work Relatedness.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 6.

**Decision rationale:** Regarding the request for ergonomic workstation, ACOEM Guidelines state that engineering controls, including ergonomic workstation evaluation and modification, and job redesign to accommodate a reasonable proportion of the workforce may well be the most cost effective measure in the long run. Within the documentation available for review, it is unclear

exactly what ergonomic problems are present at the patient's worksite and there is no documentation of an ergonomic evaluation recommending any specific workstation changes. In the absence of such documentation, the currently requested ergonomic workstation is not medically necessary.