Case Number:	CM13-0041236		
Date Assigned:	12/20/2013	**Date of Injury:**	05/16/2013
Decision Date:	02/27/2014	**UR Denial Date:**	10/07/2013
Priority:	Standard	**Application Received:**	10/11/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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. 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:

DOI: 5/16/2013. Patient is a 22-year-old female social media networking analyst who developed injuries to bilateral flexor tenosynovitis, bilateral hand pain, and right wrist and arm strain. Treatment includes right wrist physical therapy, acupuncture and brace. Per orthopedic evaluation dated 9/10/13 by [redacted] patient was seen for a follow up on her right arm and bilateral wrist. She is currently working full-time. She is currently receiving in acupuncture treatments. She does have pain form anywhere from 12 to 24 hours after the treatments, but overall is improvement. She is using her orthotic splints at night. She does have benefit from her pain medication, which she takes as needed. She feels that he is making progress. She notes that her pain improves almost completely over the weekend and becomes progressively worse during her work week. On examination, she has a normal appearing right wrist. She has full range of motion of all the digits. She has negative Tinel's and Phalen's signs. She has palpable tenderness over the wrist bother on the volar and dorsal surfaces. She has some weakness and tenderness with flexion of the wrist. She has decreased grip strength. Diagnoses are right wrist tenosynovitis and right wrist pain. Patient will continue her current medication of Anaprox, Flexeril, and Omeprazole. The patient is currently working and may continue to work. Based on the recent physiotherapy note dated 10/8/13, right wrist pain level is 2/10. It was noted that patient has increased flexibility.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ergonomic keyboard: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition Chapter: Forearm, Wrist & Hand.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Functional Improvement Measures, page 48 of 127.

Decision rationale: With respect to request for 1 ergonomic keyboard, it falls under the functional improvement measures as stipulated in CA-MTUS guidelines below. Also ACOEM (2004) states: "Repetitive work, especially pinch grasping and, possibly, keyboard work, is currently thought to have the potential to contribute to wrist or hand tendinitis. Problems with workstations have been associated with CTS and DeQuervain's tenosynovitis. The strength of these associations is not clear. Identification and amelioration of other factors may be important, including compression at the wrist, awkward posture interacting with force, and the effect of sustained head and shoulder postures for office workers and computer users. Acute trauma at work can be associated with tendon and ligament strains. The clinician may recommend work and activity modifications or ergonomic redesign of the workplace to facilitate recovery and prevent recurrence.' Therefore the request for 1 Ergonomic Keyboard is medically necessary and appropriate.