

Case Number:	CM13-0059177		
Date Assigned:	12/30/2013	Date of Injury:	06/04/2002
Decision Date:	04/04/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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:

The patient is a 36-year-old female who reported an injury on 06/04/2002. The exact mechanism of injury was not provided. The patient's diagnoses were noted to include overuse symptoms of bilateral upper extremities/bilateral wrist and forearms, wrist, forearm and hand tendonitis and status post right carpal tunnel release on 07/02/2003 as well as right shoulder strain. The most recent documentation dated 10/21/2013 revealed the patient had no pain and was no longer taking Celebrex as the patient was doing well. The patient indicated they were using occasional over-the-counter ibuprofen for pain relief. The patient had a positive Phalen's sign bilaterally on the right at 15 seconds and on the left at 30 seconds with paresthesia of all digits and a positive Finkelstein's bilaterally. The request was made for pennsaid 1.3%, Celebrex, stretching of the upper extremities, the use of carpal tunnel braces, and an ergonomic chair to use at work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ergonomic chair: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Durable Medical Equipment (DME)

Decision rationale: Official Disability Guidelines indicate that durable medical equipment is necessary if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. It indicates that durable medical equipment could withstand repeated use, is primarily and customarily used to serve a medical purpose and is generally not useful to a person in the absence of illness or injury and is appropriate for use in a patient's home. Clinical documentation submitted for review failed to indicate the rationale for the requested chair. The patient's injury was greater than 11 years prior to the date of request and there was a lack of documentation indicating that the chair was primarily and customarily used to serve a medical purpose and was not useful to a person in the absence of illness or injury. Given the above, the request for an ergonomic chair for work is not medically necessary.