

Case Number:	CM13-0060476		
Date Assigned:	12/30/2013	Date of Injury:	09/16/2013
Decision Date:	04/30/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/03/2013

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 39 year old female with a date of injury on 9/16/2013. Patient has been treated for ongoing symptoms related to her wrists secondary to cumulative trauma from clerical duties. Diagnoses include bilateral wrist tendonitis. Subjective complaints are of dull pain in bilateral wrists. Physical exam shows bilateral wrist tenderness, and bilateral hand tenderness. Treatments have included medication, physical therapy, and bracing. This modalities have provided pain relief and functional improvement for this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

ERGONOMIC EVALUATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Chapter, Ergonomic Evaluation Section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: ACOEM guidelines suggest the clinician may recommend work and activity modifications or ergonomic redesign of the workplace to facilitate recovery and prevent recurrence. In some cases it may be desirable to conduct a detailed ergonomic analysis of

activities that may be contributing to the symptoms. Although this patient is improving with medication and therapy, ergonomic consultation would be beneficial for continued improvement and for preventative reasons, as per guideline recommendations. Therefore, an ergonomic evaluation is appropriate and medically necessary.