

<b>Case Number:</b>	CM13-0067344		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/13/2007
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Occupational Medicine, 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:

The patient is a 47-year-old who was injured on September 13, 2007. The patient sustained a work-related injury to the bilateral upper extremities secondary to repetitive motion. She has developed pain to her bilateral upper extremities. The patient states that she began having pain in her left upper extremity about a year ago and has recently begun to have the same symptoms in her right upper extremity. Prior treatment history has included medications, bracing, and corticosteroid injections. She attended physical therapy sessions and postoperative occupational therapy. The patient underwent cervical fusion that was performed on November 17, 2009; right carpal tunnel release on August 20, 2010; left carpal tunnel release on July 27, 2012; Diagnostic studies reviewed include EMG (electromyography)/NCV (nerve conduction velocity study) dated August 1, 2011 revealed right mild compression of the median nerve at the carpal tunnel; and left mild compression of the median nerve at the carpal tunnel. PR2 dated November 14, 2013 states the patient was last evaluated on May 23, 2013. She is having pain to her bilateral upper extremities. The patient had been taking Tramadol and Naproxen with minimal improvement. She denied any new trauma. The patient continues to work at [REDACTED]. She is taking Vicodin, Flexeril, Ibuprofen and Synthroid. Her job description includes data entry, phone calls and some traveling. The physical requirements include lifting under ten pounds. On examination of the cervical spine, there is decreased range of motion. There are bilateral paracervical muscle spasms present. The shoulder exam is normal. Hawkins' test was normal on the right and negative on the left; stability of the elbow joint is normal. Range of motion is normal; strength of elbow and forearm is normal; special signs are negative; wrists and hands appear normal; palpation of the radial wrist is negative on the right; dorsal wrist exam is negative; dorsal ulnar wrist exam is normal. The palmar radial wrist exam is negative; palmar ulnar wrist exam is negative; stenosing tenosynovitis is absent; range of motion is normal; wrist

strength is normal. The neurosensory exam (of the digits) revealed normal two point discrimination; Phalen's and Tinel's sign were absent on the right; and median nerve compression test is negative; JAMAR dynamometer revealed on the right: 35, 30, 30 lbs; Left: 20, 25, 30 lbs. The patient is diagnosed with bilateral carpal tunnel syndrome; bilateral shoulder impingement syndrome; bilateral elbow lateral epicondylitis; and left wrist extensor tenosynovitis. The patient is released to return to work on modified work (permanent restrictions). She has been recommended limited use of the injured bilateral upper extremity.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**USE OF VOICE ACTIVATED SOFTWARE, TEN TO FIFTEEN MINUTES OF NON-KEYBOARDING/MOUSING EVERY HOUR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262-263.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 7-9.

**Decision rationale:** The ACOEM guidelines recommend the employer should allow for breaks and exercises for employees with sedentary work. The medical records provided document the patient has been released to modified work (documented on the January 17, February 28, March 28, April 25, and May 23, 2013 service dates) with the restrictions of 10-15 minutes of nonkeyboarding/mousing activities per hour. There is no mention throughout the records that the employer is not allowing the recommended restrictions. On November 14, 2013, the patient's exam was essentially normal with some sensory loss in the median nerve distribution bilaterally. At this exam the physician recommended the voice activated software with the same restrictions previously given. The request for the use of voice activated software, ten to fifteen minutes of non-keyboarding/mousing every hour, is not medically necessary or appropriate.