MAXIMUS Federal Services

Case Number:	CM14-0103037		
Date Assigned:	09/16/2014	Date of Injury:	12/03/2004
Decision Date:	11/24/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/03/2014

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 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 injured worker is a 53-year-old female who reported injury on 12/03/2004. Mechanism of injury is due to repetitive service of her usual and customarily works responsibilities. The injured worker has a diagnosis of cervical disc degeneration, carpal tunnel syndrome, brachial neuritis or radiculitis not otherwise specified, and myalgia and myositis not otherwise specified. Past medical treatment consists of physical therapy, occupational therapy, steroid injections, acupuncture, the use of a TENS unit and medication therapy. Medications consist of hydrocodone/acetaminophen, gabapentin, pantoprazole, and Senna Laxative. Diagnostics consists of EMG of the upper extremities obtained 06/14/2010 and an MRI of the cervical spine obtained 03/20/2009. On 08/19/2014, the injured worker complained of upper back, neck, and right shoulder pain. Physical examination revealed range of motion of the cervical spine was restricted with right lateral bending to 30 degrees, lateral rotation to the right 60 degrees, lateral rotation to the left 60 degrees, but normal with flexion, with extension, and with left lateral bending. Examination of the neck revealed no deformities or abnormal posture. Examination of the right shoulder revealed movements were restricted with flexion limited to 170 degrees, but normal abduction. Left shoulder movements were restricted with abduction limited to 170 degrees, but normal flexion. Examination of motor strength revealed power grip of 4/5 on the right and 5/5 on the left, wrist flexors were 4/5 on the right and 5/5 on the left, wrist extensors were 4/5 on the right and 5/5 on the left, shoulder external rotation was 4/5 on the right and 5/5 on the left, shoulder internal rotation was 4/5 on the right and 5/5 on the left. Sensory examination to light touch and sensation was decreased over medial hand, lateral hand, and medial forearm, lateral forearm on the right side. The medical treatment plan was for the injured worker to continue with conservative care. The provider also feels that the injured worker is a good candidate for a functional restoration program. The provider is requesting an ergonomic

chair and ergonomic desk for the injured worker. Rationale was not submitted for review. The Request for Authorization form was submitted on 04/22/2014.

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 Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Ergonomics.

Decision rationale: The request for Ergonomic chair is not medically necessary. The ODG state that ergonomics are under study. There was no good-quality evidence on the effectiveness of ergonomics or modification of risk factors. There is limited evidence for the effectiveness of keyboards with an alternative force-displacement of the keys or an alternative geometry, and breaks during computer work compared to no breaks. There is literature to support decreased trapezius loading and symptoms secondary to ergonomic interventions. In the workplace high quantitative job demands, low social support at work, sedentary work position, repetitive work, and precision work increased the risk of neck pain. However, there is a lack of evidence that workplace interventions were effective in reducing the incidence of neck pain in workers. There is limited evidence for a causal relationship with tension neck syndrome and computer work per se and for mouse time, but not for keyboard time. It was noted 08/19/2014 that the injured worker complained of upper back and neck pain. However, the ODG does not recommend ergonomics. It is noted that they are under study and there is no good quality evidence on the effectiveness of ergonomics or modification of risk factors. Additionally, there was no rationale submitted by the provider indicating how an ergonomic chair would be beneficial to the injured worker. Given the above, the request is not supported by ODG. As such, the request is not medically necessary.

Ergonomic desk: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Ergonomics.

Decision rationale: The request for Ergonomic desk is not medically necessary. The ODG state that ergonomics are under study. There was no good-quality evidence on the effectiveness of ergonomics or modification of risk factors. There is limited evidence for the effectiveness of keyboards with an alternative force-displacement of the keys or an alternative geometry, and

breaks during computer work compared to no breaks. There is literature to support decreased trapezius loading and symptoms secondary to ergonomic interventions. In the workplace high quantitative job demands, low social support at work, sedentary work position, repetitive work, and precision work increased the risk of neck pain. However, there is a lack of evidence that workplace interventions were effective in reducing the incidence of neck pain in workers. There is limited evidence for a causal relationship with tension neck syndrome and computer work per se and for mouse time, but not for keyboard time. It was noted 08/19/2014 that the injured worker complained of upper back and neck pain. However, the ODG does not recommend ergonomics. It is noted that they are under study and there is no good quality evidence on the effectiveness of ergonomics or modification of risk factors. Additionally, there was no rationale submitted by the provider indicating how an ergonomic desk would be beneficial to the injured worker. Given the above, the request is not supported by ODG. As such, the request is not medically necessary.