

Case Number:	CM14-0107216		
Date Assigned:	08/01/2014	Date of Injury:	04/16/2004
Decision Date:	09/26/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/10/2014

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 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:

This is a 61-year-old male patient with a 4/16/04 date of injury. The mechanism of injury was not provided. A progress report dated on 5/14/14 indicated that the patient complained of neck pain down to the right side, and radiated to the mid-back at times. Right shoulder pain comes and goes. He also complained of right wrist pain with numbness and tingling at times. Objective findings revealed cervical tenderness, and clinical impingement of the right shoulder. There was also right wrist tenderness and decreased sensation of the right hand. He was diagnosed with cervical sprain with disc herniation and right shoulder tendinitis. Treatment to date includes medication management. There is documentation of a previous 6/11/14 adverse determination. The decision for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ergonomic work station: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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), Low Back Chapter, Ergonomic Interventions.

Decision rationale: The California MTUS does not address this issue. The Official Disability Guidelines states that studies concluded there was no good-quality evidence on the effectiveness of ergonomics or modification of risk factors in prevention of low back pain. On the other hand, for improved return-to-work outcomes after an injury has occurred, there is evidence supporting ergonomic interventions. A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective, and other interventions are not effective, including stress management; shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. Furthermore, Official Disability Guidelines states that DME is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. The patient presented with the right-sided neck and right shoulder pain. There was documentation supporting that the patient was injured on 4/16/04. However, there was no evidence that the patient was back to work. In addition, ergonomic literature is supportive only for lower back pain. The patient had cervical pain radiating to the mid-back. Therefore, the request for Ergonomic work station is not medically necessary.