

<b>Case Number:</b>	CM14-0154454		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	08/08/2014
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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:

The applicant is a [REDACTED] employee who has filed a claim for chronic bilateral foot pain reportedly associated with an industrial injury of August 8, 2014. In a utilization review report dated August 20, 2014, the claims administrator apparently denied a request for an ergonomic evaluation. The applicant subsequently appealed. In an August 8, 2014, progress note, the applicant apparently presented with foot pain over the preceding two years. The applicant complained that his employers would not make accommodations such as a better mat for him to stand on. The applicant stated that his symptoms were worsened by standing and/or walking over the duration of an 8-hour shift. 8/10 pain was noted. X-rays of the foot were taken and reportedly negative. Tylenol and a hot and cold pack were endorsed for pain relief. An ergonomic evaluation was sought.

### 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 Ergonomic Evaluation; Part of a Treatment Protocol for Musculoskeletal Injuries, Grayson D1, Dale AM, Bohr P, Wolf L, Evanhoff B. AAOHN J. 2005 Oct;53(10):450-7

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 6.

**Decision rationale:** As noted in the California Medical Treatment Utilization Schedule (MTUS)-adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 1, page 6, Engineering Controls, including ergonomic workstation evaluation, modification, and job design to accommodate a reasonable proportion of the workforce may well be the most cost-effective measures in the long run. In this case, the applicant has seemingly posited that repetitive standing is the source of his ongoing foot and ankle complaints. An ergonomic evaluation to potentially identify the source of the applicant's foot and ankle complaints is therefore indicated. Accordingly, the request is medically necessary.