

Case Number:	CM14-0174698		
Date Assigned:	10/27/2014	Date of Injury:	04/29/2014
Decision Date:	12/04/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/21/2014

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 represented [REDACTED] employee who has filed a claim for neck, low back, shoulder, and wrist pain reportedly associated with an industrial injury of April 29, 2014. In a Utilization Review Report dated October 15, 2014, the claims administrator partially approved/conditionally approved a request for an ergonomic chair with arm supports as an ergonomic evaluation alone and denied 12 sessions of physical therapy. The claims administrator, in its partial approval of the ergonomic chair with neck, low back, and bilateral arm supports stated that it was basing its partial approval/partial certification on ODG Neck Chapter, which apparently took a more unfavorable position on ergonomics than the MTUS Guideline in ACOEM Chapter 1. The claims administrator denied the 12 sessions of physical therapy on the grounds that the applicant should already have transitioned to home exercise program. The applicant's attorney subsequently appealed. In a progress note dated October 9, 2014, the applicant reported ongoing complaints of neck, shoulder, low back, and wrist pain. The applicant stated that she was 60% improved, had three sessions of physical therapy remaining, and was awaiting the ergonomic evaluation. 4-6/10 multifocal pain complaints were noted. The applicant and/or attending provider posited that the applicant's current ergonomically unfriendly chair was apparently causing heightened symptoms. The applicant was reportedly working with a 5-pound lifting limitation in place. MRI imaging of the shoulder was apparently endorsed. It was stated that the applicant was employed as a social worker at [REDACTED]. In an earlier Doctor's First Report of June 26, 2014, the attending provider suggested that the applicant undergo an ergonomic evaluation on the grounds that the applicant's current work station and environment were contributing to worsening symptomatology. It was stated on this occasion that the applicant was 5 feet 2 inches tall and weighed 180 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ergonomic chair with neck, low back and bilateral arm support: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter; Ergonomics

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 9; 82.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 1, page 9, seating should generally have a lumbar support and an adjustable reclining back. ACOEM further notes that foot rest and/or arm rest may be needed for some workers. ACOEM Chapter 5, page 82 further notes that occupational health professionals can assist an employer by suggesting practical and simple accommodations, including workstation adjustment and seating adjustment. In this case, the attending provider has posited that the applicant's current chair is ergonomically unfriendly and does not conform to the applicant's body habitus with height of 5 feet 2 inches and weight of 180 pounds. ACOEM does take the position that seating should include lumbar support and adjustable reclining back and further notes that arm rest may be needed for some applicants. Therefore, the request is medically necessary.

Physical therapy three (3) times a week for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): Table 9-3, 204; Table 12-5, 299; Table 8-5, 174.

Decision rationale: The 12 session's course of treatment proposed, in and of itself represents treatment well in excess of the one- to two-session course recommended in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-5, and page 174 for education, counseling, and evaluation of home exercise transition purposes. The one to two sessions recommended in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-5, page 299 for education, counseling, and evaluation of home exercise transition purposes for applicants with low back pain complaints, and the initial and follow-up visits recommended in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-3, page 204 for education, counseling, and evaluation of home exercise for applicants with shoulder complaints, all of which are apparently present here. In this case, the information on file suggests that the applicant is responding favorably to earlier treatment as evinced by the applicant's successful return to work as a social worker. The applicant does not have significant physical impairment, the attending provider posited on the most recent progress note. Three additional sessions of physical therapy were pending. The applicant should, thus, be capable of transitioning to an independently performed home exercise

program without the lengthy formal course of physical therapy proposed here. Therefore, the request is not medically necessary.