

Case Number:	CM14-0177170		
Date Assigned:	10/30/2014	Date of Injury:	03/25/2011
Decision Date:	12/11/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/27/2014

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 37-year-old female who has submitted a claim for cervical spine strain/sprain, bilateral shoulder impingement syndrome, rule out bilateral cubital tunnel syndrome, bilateral medial epicondylitis, lumbar spine strain/sprain, left knee internal derangement, and left ankle strain/sprain associated with an industrial injury date of 3/25/2011. The only progress report available for review was from 3/13/2014. Patient reported ongoing pain at the neck, shoulders, and knees. Examination of the left knee showed tenderness and positive McMurray's test. The lumbar spine was positive for tenderness and limited motion. Straight leg raise test was positive on the right. There was mild impingement at both shoulders. Patient was morbidly obese. The current treatment plan includes referral to bariatric surgery, knee specialist, psychiatry, aquatic therapy, and acupuncture. Treatment to date has included medications such as Tizanidine, Omeprazole, Norco, and Naproxen. Utilization review from 10/22/2014 denied the request for ergonomic work chair because of lack of ergonomic evaluation provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ergonomic Work Chair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention.

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

Decision rationale: CA MTUS does not specifically address ergonomics for the neck and upper back. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG states that ergonomics for the neck and upper back is under study. There was no good quality evidence on the effectiveness of ergonomics or modification of risk factors. In this case, patient reported ongoing pain at the neck, shoulders, and knees. Examination of the left knee showed tenderness and positive McMurray's test. The lumbar spine was positive for tenderness and limited motion. Straight leg raise test was positive on the right. There was mild impingement at both shoulders. Patient was morbidly obese. This is a request for an ergonomic work chair. However, a clear rationale was not provided as to how an ergonomic chair would help the patient's problems when guidelines state that there are no good quality studies to support such claim. A detailed discussion concerning patient's workstation was also not provided. The medical necessity cannot be established due to insufficient information. Therefore, the request for ergonomic work chair is not medically necessary.