

<b>Case Number:</b>	CM14-0034763		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/23/2007
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 and Washington. 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 54-year-old female who reported an injury on 04/23/2007, due to cumulative trauma. On 09/14/2007 the injured worker was diagnosis with neck pain an Magnetic resonance imaging (MRI) of the cervical spine was negative, bilateral shoulder pain, numbness and tingling, bilateral hands, left ulnar neuropathy. On 09/28/2007 a bone scan of the left wrist was normal. On 09/23/2010 an electromyogram/nerve conduction study (EMG/NCS) of the bilateral upper extremities was unremarkable. On 01/29/2013 the injured worker visit complained of increased numbness, tingling and pain to her left hand mostly involving the 3rd through 5th digits. She had finished physical therapy for the upper extremities and had some improvement of her symptoms. She was using her Tens, unit at home. This has significantly helpful for her neck and shoulder pain while she is using it at home and decreases her pain and helps increases her ability to carry out her activities of daily living for longer periods of time before having to stop due to pain. There is documentation at this visit that there should be no keyboarding greater than 2 hours in an 8 hour shift and no more than 40 document completion per hour. It was documented that the injured worker must use the sit-stand station while at the desk. Current medication are Relafen 750 mg one tablet by mouth twice a day, Neurontin 800 mg tablet by mouth three times a day, Ativan and Effexor are managed through her psychiatrist, and Biofreeze gel. Request for authorization form for a sit/stand work station was noted in the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sit/stand workstation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (updated 12/16/2013) Ergonomics.

**Decision rationale:** The request for sit/stand workstation is not medically necessary. The American College of Occupational and Environmental Medicine Guidelines recommend physical modalities-adjustment or modification of workstation, job tasks or work hours and methods. The Official Disability Guideline states there was no good quality evidence on the effectiveness of ergonomic 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. The injured worker continues to use her TENS at home with some relief. With the adjustment of work schedule and 2 hours computer time as recommended the request for a sit-stand workstation is not medically necessary.