

Case Number:	CM14-0047330		
Date Assigned:	07/02/2014	Date of Injury:	07/03/2013
Decision Date:	08/26/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/15/2014

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 chronic neck, shoulder, and knee pain reportedly associated with an industrial injury of July 3, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and 8 to 9 sessions of physical therapy. In a utilization review report dated April 1, 2014, the claims administrator denied a request for a sit-stand workstation on the grounds that this was an administrative issue, did not constitute an article of DME (durable medical equipment) and that there was no nexus to the cited mechanism of the injury. The claims administrator suggested that the employer and/or applicant revise the workstation of their own accord, outside of the utilization review process. The claims administrator, thus, seem to base its decision, in part, on administrative grounds and/or causation grounds. Relafen, an anti-inflammatory medication, was endorsed. Despite the fact that the ACOEM addresses ergonomics, the claims administrator nevertheless invoked non-MTUS [REDACTED] on ergonomics in its denial. The applicant's attorney subsequently appealed. In a November 5, 2013 progress note, the applicant's treating provider appealed the workstation ergonomic evaluation, complaining that the claims administrator had failed to follow MTUS Guidelines. The applicant did report ongoing complaints of neck pain, midback pain, and low back pain, it was noted and was using Relafen, Vicodin, Soma, and Xanax. In a January 15, 2014 progress note, the attending provider reported that the applicant reported persistent neck and shoulder pain. The applicant was reportedly struggling with activities such as sitting, standing, and getting up and down. It was suggested that the applicant could continue a 4-hour workday. The applicant stated that she had had a workstation evaluation, in which the workstation evaluator told her that everything looked fine and that nothing was therefore going to change. The applicant was again returned to part-time work. Relafen was renewed. In a

workstation evaluation report dated January 17, 2014, the workstation evaluator, whose name and signature were illegible, stated that the overall configuration of the applicant's workstation was for the most part satisfactory. The workstation evaluator concluded that no amount of adjusting or rearranging the applicant's existing workstation would bring relief to the applicant. The ergonomic evaluator then stated that it was not certain whether or not all of the applicant's job tasks could be performed from a standing position. The ergonomist seemingly stated that he or she concluded with the applicant's position that the applicant would be most familiar with the positions that were more or less comfortable. The ergonomist stated that he or she would be happy to participate in workstation redesign in the event that the employer was willing to furnish the applicant with an alternate workstation. The ergonomic evaluator then stated that the applicant should take regular breaks to avoid protracted static positioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sit-Stand Work Station: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 6-7.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 1, pages 6 and 7: workstation, equipment, or task component should be adjustable for workers of a different stature, strength, and endurance to ensure a match between each worker and his or her task thereby avoiding discomfort, loss of productivity, and injury. ACOEM Chapter 1, page 6 further notes that ergonomic workstation evaluation and modification to accommodate applicant may very well be the most cost effective measure in the long run. In this case, the applicant and her ergonomist have apparently posited that large portion of the applicant's symptoms have been worsened as a result of static positioning and protracted sitting. The applicant and her ergonomist have apparently concluded that existing workstation has been modified to the greatest degree possible and that a sit-stand workstation that afforded the applicant the opportunity to perform some of her tasks from a standing position could ameliorate many of the her complaints. Therefore, the request is medically necessary.