

Case Number:	CM14-0082268		
Date Assigned:	07/21/2014	Date of Injury:	01/09/2013
Decision Date:	09/16/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/03/2014

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. 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 underlying date of injury in this case is 01/09/2013. The patient's diagnoses include lumbar strain with radicular complaints, left shoulder rotator cuff tendinitis, and bilateral wrist tendinitis with possible carpal tunnel syndrome. The treating physician recommended authorization for physical therapy as well as electrodiagnostic studies of the lower extremities, given lower extremity paresthesias. The treating physician also recommended lumbar support and authorization for an ergonomic evaluation.

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 Official Disability Guidelines, Shoulder (Acute & Chronic).

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

Decision rationale: The initial physician review states that ergonomic evaluations have not been demonstrated to be effective for this patient's conditions. However, ACOEM guidelines, Chapter 1, Prevention, Chapter 1, page 6, offers a wider view of ergonomic assessment, noting, "Work, noting that job satisfaction is related to ergonomic complaints and that the prevention of work-

related complaints depends on reducing exposure to physical, personal, and psychosocial stressors." This guideline would support an ergonomic evaluation in this situation, particularly given the concerns in the medical records regarding the patient's work station and how this might specifically be contributing to carpal tunnel syndrome and rotator cuff tendinitis and a lumbar sprain. The guidelines do support this request. This request is medically necessary.