

<b>Case Number:</b>	CM14-0083977		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	02/20/2014
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Family Medicine, and is licensed to practice in New Jersey & New York. 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 43 year-old female who was injured on 2/20/14. She complained of pain in the right shoulder, middle and lower back, and right thumb. On exam, there was tenderness of the proximal right thumb with weakness. She had spasms of the right trapezius muscle with decreased range of motion of the right shoulder. She had spasms of the thoracolumbar spine. As per the chart, she has to climb stairs in her office. She was diagnosed with thumb contusion, chronic pain syndrome, shoulder sprain, lumbar and thoracic spine sprain. She continued with physical therapy of the right shoulder and midback. Her medications included Pamelor and Relafen. Due to her schedule, the patient has difficulty in completing physical and occupational therapy. The current request is for a sit and stand desk because the patient had to stand up and walk around several times during the day due to discomfort in the mid and low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sit and stand desk at work.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-5. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter Ergonomics Intervention

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Ergonomic interventions

**Decision rationale:** The request is considered not medically necessary. According to MTUS, adjustment and modification of workstation are physical therapeutic interventions recommended for low back complaints. The ODG guidelines specify that exercise interventions are effective but other interventions such as ergonomic/back intervention were not. The chart states that the patient's job involves climbing stairs which would allow for frequent stand up breaks. Most of the chart dealt with her upper extremity complaints and how to modify with frequent breaks from typing. There does not appear to be enough evidence showing that a sit and stand desk is necessary and would benefit her current work situation. Therefore the request is considered not medically necessary.