

Case Number:	CM14-0084592		
Date Assigned:	07/25/2014	Date of Injury:	05/09/2014
Decision Date:	09/24/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/06/2014

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 Orthopedic Surgery, 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 injured worker is a 34-year-old female with a date of injury of 05/09/14 due to cumulative trauma. The injured worker complains of bilateral hand and wrist pain which is greater on the right with radiation of pain up into the right shoulder and neck and down into the bilateral fingers. The injured worker is diagnosed with carpal tunnel syndrome, wrist sprain and neuralgia/neuritis. Records indicate the injured worker reports being diagnosed with early carpal tunnel syndrome 5-10 years prior to the date of injury and was treated with anti-inflammatory medications with improvement. Doctor's First Report of Illness or Injury dated 05/13/14 notes the injured worker has not received ongoing treatment for the prior trauma. This note includes referral to physical therapy and an Ergonomic Evaluation. Clinical note dated 06/11/14 indicates physical therapy has been attempted and states the injured worker has failed to progress. Physical examination reveals full range of motion of the bilateral hands, wrists and fingers with no motor weakness noted. Phalen's and Tinel's sign are positive on the left and negative on the right; Finkelstein test is negative bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Ergonomics Evaluation at work site: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ergonomic Intervention.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, Ergonomic interventions section.

Decision rationale: The request for outpatient Ergonomics Evaluation at work site is not recommended as medically necessary. Per Official Disability Guidelines, ergonomic interventions are under study. Guidelines state, "Physical exposures at work influence the development of musculoskeletal symptoms in the neck-shoulder and wrist-hand regions. However, the results also suggest that a psychosocial exposure (social support) and perceived stress symptoms influence musculoskeletal symptoms." Records do not indicate the injured worker has been evaluated for psychosocial exposure or perceived stress symptoms. Based on the records submitted for review and applicable guidelines, medical necessity of outpatient ergonomics evaluation at work site is not established.