

Case Number:	CM14-0091481		
Date Assigned:	07/25/2014	Date of Injury:	08/23/2005
Decision Date:	09/29/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/17/2014

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 Nevada. 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 records presented for review indicate that this 55-year-old gentleman was reportedly injured on August 23, 2005. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated May 5, 2014, indicates that there are ongoing complaints of left elbow pain and left shoulder pain. The injured employee has been participating in a home exercise program with improved range of motion of the left shoulder after surgery. There was tenderness at the lateral epicondyle of the left elbow. Examination of the left shoulder noted forward flexion to 160 and abduction to 165 with impingement signs. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a left shoulder surgery, physical therapy, activity modification, and oral medications. A request had been made for an ergonomic workstation evaluation and was not certified in the pre-authorization process on May 28th 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ergonomic evaluation, both work stations, per 5/5/14 form QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Shoulder (web; updated 4/25/2014); ODG Forearm, Wrist, Hand web; updated 2/18/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Ergonomic Intervention, August 27, 2014.

Decision rationale: According to the Official Disability Guidelines the use of ergonomic intervention is under study. It was stated that the benefit expense of ergonomic interventions, such as new chairs and desks, in the workplace is not clearly demonstrated. Compared to the previous review there is even more evidence about the effectiveness of exercise, but limited evidence in favor of ergonomic interventions. As such, this request for ergonomic intervention for both work stations is not medically necessary.