

Case Number:	CM14-0094091		
Date Assigned:	07/25/2014	Date of Injury:	09/12/2012
Decision Date:	08/28/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/20/2014

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, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of September 12, 2012. A utilization review determination dated June 13, 2014 recommends non-certification of an ergonomic workstation evaluation. A progress note dated May 29, 2014 identifies subjective complaints of improvement in both spine and arm complaints, neck pain approaching baseline, and residual arm pain that is still bothersome. Physical examination identifies cervical range of motion with flexion at 50, extension at 40, rotation at 65 - 70, lateral flexion at 20 - 25 with pulling in all ranges of motion nearing end range. Shoulder depression and Soto Hall's tests increase the levels of neck and upper back pain. Overhead reach pulls mildly on the right, and Tinel's of the elbow and wrist were negative. Diagnoses include multilevel cervical disc herniation and desiccation, cervical radiculitis, bilateral epicondylitis, and tenosynovitis of hands and wrists with severe scoliosis. The treatment plan recommends requests for referral to PMR for evaluation and treatment recommendations and ergonomic workstation evaluation as recommended by QME.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ergonomic workstation evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: Regarding the request for workstation ergonomic evaluation, Occupational Medicine Practice Guidelines state that engineering controls, including ergonomic workstation evaluation and modification, and job redesign to accommodate a reasonable proportion of the workforce may well be the most cost effective measure in the long run. Within the documentation available for review, it is unclear exactly what ergonomic problems are present at the patient's worksite. The requesting physician has not identified what type of biomechanical issues he feels is contributing to the patient's ongoing symptoms. In the absence of clarity regarding these issues, the currently requested workstation ergonomic evaluation is not medically necessary.