

Case Number:	CM14-0191529		
Date Assigned:	11/25/2014	Date of Injury:	10/20/2014
Decision Date:	01/13/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family Medicine 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 74years female patient who sustained an injury on 10/20/2014. She sustained the injury due to repetitive use of mouse and keyboard. The current diagnoses include neck and thoracic strain, right wrist and finger tendinitis and right trigger thumb. Per the doctor's note dated 10/24/14, she had complaints of bilateral neck and right upper extremity pain and discomfort. The physical examination revealed right elbow- lateral epicondyle tenderness, right wrist- normal range of motion, no tenderness, cervical back- tenderness and normal range of motion; thoracic back- tenderness and normal range of motion; right hand- tenderness and normal range of motion. The medications list includes mobic. Prior diagnostic study reports were not specified in the records provided. Previous operative or procedure note related to the injury was not specified in the records provided. She has had physical therapy and occupational therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ergonomic Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ergonomic Interventions

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7, Independent Medical Examinations and Consultations MEDICAL AND OCCUPATIONAL HISTORY Page 153

Decision rationale: According to ACOEM guidelines cited below, "....The review should include work tasks, exposures, and protection such as engineering controls, personal protective equipment, and ergonomic practices. Non occupational exposures should be sought as well."Details regarding the patient's job profile are not specified in the records provided. The response to a course of conservative therapy including physical therapy is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided.Prior to noting the response to prior conservative therapy, including physical therapy and pharmacotherapy the medical necessity for ergonomics evaluation is not fully established.The medical necessity of Ergonomic Evaluation is not fully established for this patient.