

Case Number:	CM14-0209741		
Date Assigned:	12/22/2014	Date of Injury:	09/23/2009
Decision Date:	02/11/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/15/2014

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 Internal Medicine and is licensed to practice in 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 patient is a 46 year old female with a date of injury of 09/23/2009. She had a repetitive work injury to wrists, neck and both upper extremities. On 01/16/2014 she had an anterior C5-C6, C6-C7 discectomy, application of intervertebral device, fusion and anterior instrumentation. On 02/25/2014 she had bilateral decreased shoulder range of motion and the Neer's and Hawkin's tests were consistent with impingement. She was in a cervical collar and had 4/5 strength of bilateral C4 and C5. Reflexes were normal. On 05/08/2014 she had neck pain and arm pain. She had completed 16 post operative physical therapy visits. Motor strength of the upper and lower extremities were 5/5. On 09/02/2014 she had neck pain and bilateral shoulder pain. On 10/17/2014 she had neck pain 3-4/10 and left shoulder pain 3-4/10 and right shoulder pain that was 1/10. She was currently working with restrictions and was to continue with modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ergonomic evaluation of her work station: 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)

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

Decision rationale: ODG, 2014 Neck Ergonomics state the following: "Under study. There was no good-quality evidence on the effectiveness of ergonomics or modification of risk factors. (Linton, 2001) There is limited evidence for the effectiveness of keyboards with an alternative force-displacement of the keys or an alternative geometry, and breaks during computer work compared to no breaks. (Verhagen, 2006) There is literature to support decreased trapezius loading and symptoms secondary to ergonomic interventions. (Westgaard, 1985) (Aaras, 1997) (Aaras, 1998)." The ergonomic work station evaluation is not consistent with ODG, therefore the request is not medically necessary.