

Case Number:	CM15-0007252		
Date Assigned:	01/29/2015	Date of Injury:	10/08/2001
Decision Date:	03/23/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old female, who sustained an industrial injury on October 8, 2001. The diagnoses have included cervical degenerative disc disease, post right carpometacarpal joint surgery times two, and advanced osteoarthritis, left carpometacarpal joint. Treatment to date has included a right carpometacarpal joint surgery, physical therapy, chiropractic therapy, and medications. Currently, the injured worker complains of pain in the right thumb. The Primary Treating Physician's examination dated September 23, 2014, noted the injured worker permanent and stationary, capable of continuing to work with work restrictions. Physical examination noted pain around the right thumb carpometacarpal joint with pain upon direct palpation. On December 18, 2014, Utilization Review non-certified an ergonomic evaluation, noting there were no physical examination findings suggestive of carpal tunnel syndrome or De Quervain's tenosynovitis, and the injured worker's employment details were not provided for identification of possible repetitive work. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Chapter 11-Forearm, Wrist, and Hand Complaints was cited. On January 13, 2015, the injured worker submitted an application for IMR for review of an ergonomic evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ergonomic evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 6-11.

Decision rationale: Per the 09/23/14 report the patient presents with unchanged right thumb pain. The current request is for ERGONOMIC EVALUATION. The RFA is not included. The two most recent reports provided dated 09/23/14 and 07/29/14 include this request. The patient is still working with restrictions. The ACOEM Practice Guidelines, 2nd edition (2004), chapter 1, pages 6-11 states, the clinician may recommend work and activity modification or ergonomic redesign of the workplace to facilitate recovery and prevent recurrence. In this case, the patient has chronic neck pain and thumb pain and is s/p carpometacarpal surgery x 2. ACOEM guidelines support ergonomic evaluations for the workplace to accommodate changes and hasten the return to full activity. There is no evidence in the reports provided of a prior Ergonomic evaluation. The request IS medically necessary.