

<b>Case Number:</b>	CM15-0101489		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	07/10/2013
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 (IW) is a 42-year-old female who sustained an industrial injury on 07/10/2013. She reported pain in the right wrist, right hand, right elbow and right shoulder. The injured worker was diagnosed as having cervicgia, joint derangement shoulder, and carpal tunnel syndrome. Treatment to date has included medications, physical therapy, and exercises. Currently, the injured worker complains of constant sharp pain in the cervical spine that is aggravated by repetitive motions of the neck, pushing, pulling lifting, forward reaching and working at or above the shoulder level. The neck pain is rated a 9/10. She also has constant throbbing pain in the right shoulder that is aggravated by forward reaching, lifting, pushing, pulling, and working at or above shoulder level. There is tingling and numbness into the lateral forearm and hand. She rates the shoulder pain an 8/10. Both of these are accompanied by constant pain in the right wrist/hand/ long finger that is aggravated by repetitive motions of gripping, grasping, pushing, pulling and lifting. She rates the wrist/hand/ long finger pain a 7/10. On examination, the cervical spine has palpable paravertebral muscle tenderness with spasm. There is positive axial loading and Spurlings maneuver is positive. Range of motion is limited by pain. She complains of tingling and there is numbness into the lateral forearm and hand, greatest over the thumb and middle finger, correlating with C6-C7 dermatomes. The Shoulder has tenderness around the anterior glenohumeral region and subacromial space. Hawkins and impingement signs are positive. Rotator cuff function appears intact although painful. There is no clinical evidence of instability on exam. The wrist and hand have tenderness over the volar aspect of the wrist and dorsal distal aspect of right long finger with

swelling. There is positive palmar compression test with subsequent Phalen's maneuver. Tinel's sign is positive over the carpal canal. Range of motion is full but painful. There is diminished sensation in the radial digits. The treatment plan includes medication, referral to a pain specialist, and a request for authorization for an ergonomic work station.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ergonomic 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 - Treatment for Workers' Compensation (ODG-TWC) Neck & Upper Back Procedure Summary Online Version last updated 11/18/2014; ODG-TWC Forearm, Wrist & Hand Procedure Summary Online Version last updated 03/09/2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, upper back Forearm, wrist, hand.

**Decision rationale:** CA MTUS does not address requests for ergonomic work stations. ODG states that ergonomics is "under study." In this case, no rationale is provided for the request for the ergonomic work station. No causal relationship between the patients' complaints and specific work equipment at her work station is established. It is also unclear if the patient has a return to work program in place. Therefore, this request is deemed not medically necessary.