

Case Number:	CM15-0132179		
Date Assigned:	07/20/2015	Date of Injury:	08/07/2012
Decision Date:	09/10/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/08/2015

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: Texas, California
 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 is 56 year old female who sustained an industrial injury on 8-7-12. Diagnoses per the Qualified Medical Examiner are noted as left shoulder pain-strain, left shoulder rotator cuff tear, status post arthroscopy left shoulder 11-20-12, status post re-operation left shoulder with arthroscopy 10-7-14, ongoing severe pain being managed by pain management physician, cervical spine sprain-strain, cervical spine discogenic disease, cervical radiculopathy, lumbar spine sprain-strain, lumbar spine discogenic disease, and evidence of lumbar radiculopathy. In a progress report dated 4-1-15, a treating physician notes that she was not back to work and she has the type of job in which she will be on the computer and phone. She does her home exercise program. She still has difficulty doing her activities of daily living, sleeping, and pain. Additional physical therapy was prescribed. In a progress report dated 6-15-15, the injured worker complains of left shoulder pain. She states her pain is the same as the last visit and she is awaiting a new MRI and will go back to work tomorrow. Physical examination of the left shoulder revealed limited range of motion, 5/5 strength, and negative all special tests. The patient has had a normal sensory and psychiatric examination. The pain radiates to the arm, upper back, and lower back. Pain is relieved with ice. Discomfort increases with internal rotation, abduction, and at nighttime. Current medications include Percocet, Janumet, Altace, Zocor, Lidoderm patch, Voltaren gel, Trazodone, Aleve, Aspirin, and Glucotrol. Previous treatment includes medication, surgery, and physical therapy. The requested treatment is an ergonomic evaluation and headset; dragon software. The patient had received an unspecified number of the PT visits for this injury. The patient has had EMG study of the lower extremity

and upper extremity that revealed L5 radiculopathy and CTS on 3/28/12; MRI of the cervical spine on 9/11/09 that revealed disc protrusions and foraminal narrowing. Patient had received two cervical ESI for this injury. A detailed recent examination of the head and ear demonstrating hearing abnormalities was not specified in the records specified.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 07/17/15) Ergonomics interventions and Knee & Leg, Durable Medical Equipment and Other Medical Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 153 and JRRD Volume 41, Number 5, Pages 739, 754 September/October 2004 Journal of Rehabilitation Research & Development. Usage, performance, and satisfaction outcomes for experienced users of automatic speech recognition. J Am Acad Nurse Pract 1998 Nov 10 (11): 515-7 Voice recognition software for clinical use.

Decision rationale: As per the cited reference, "we have a long way to go before we have a thorough understanding of how well ASR (automatic speech recognition) meets the needs of people with physical disabilities." 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." The details of other exposures and ergonomic practices of this patient were not specified in the records provided. The outcome of the recently requested ergonomic evaluation is not yet known and is not specified in the records provided. A detailed rationale for the use of Headset: dragon software was not specified in the records specified. The medical necessity of the request for Headset: dragon software is not fully established in this patient.

Headset: dragon software: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/10085865>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 07/17/15) Ergonomics interventions Back chapter does not address this request completely.

Decision rationale: As per the cited reference, we have a long way to go before we have a thorough understanding of how well ASR (automatic speech recognition) meets the needs of people with physical disabilities. 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. A detailed rationale for the use of Headset: dragon software was not specified in the records specified. The outcome of the recently requested ergonomic evaluation is not yet known and is not specified in the records provided. The medical necessity of the request for Headset: dragon software is not fully established in this patient.