

<b>Case Number:</b>	CM15-0148607		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	05/24/2004
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 56 year old male, who sustained an industrial injury on 5-24-2004. He reported bilateral foot pain from prolonged standing. The injured worker was diagnosed as having chronic myofascial pain syndrome and chronic bilateral foot pain. The patient has a history of chronic back pain. Treatment to date has included diagnostics, physical therapy, chiropractic, orthotics, acupuncture, and medications. Currently, the injured worker complains of pain in his feet and some numbness of his toes. Acupuncture was going well and he continued to work modified. Medication included Omeprazole, Mobic, and Methoderm gel. The treatment plan included an ergonomic mobile stool. A previous progress report (4-28-2015) noted that an ergonomic mobile stool for work at a counter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ergonomic mobile stool:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 9.

**Decision rationale:** Ergonomic mobile stool is medically necessary per the MTUS Guidelines. The MTUS states that mobile workers may prefer a sit-stand option using a high stool with a seat 29 to 32 inches high (74-81 centimeters). Seating of the first type and sit-stand stools support back musculature and minimize intradiskal pressure. A 12/23/14 document indicate that the patient is working "full duty with restriction to sit as needed." The patient describes his job duty as a center consultant for FedEx as a printing operator which includes standing, lifting, bending, carrying and grabbing. The patient has a history of chronic low back pain. The request for a stool would be appropriate with his low back history and the fact that he is working full duty with restriction to sit as needed. The ergonomic chair would benefit him by minimizing intradiskal pressure per the MTUS and is therefore medically necessary.