

<b>Case Number:</b>	CM15-0149523		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	08/18/2014
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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:

This is a 39 year old female patient who sustained an industrial injury on 8-18-14. The diagnoses include cervical discopathy with radiculitis cervicalgia, carpal tunnel double crush syndrome and rule out internal derangement bilateral shoulders. Per the progress report dated 5-22-15 she had complaints of sharp neck pain that radiates to the shoulders and upper extremities with tingling and numbness. She had headaches and tension between the shoulder blades. The pain was rated 7 out of 10. She also had complaints of constant, sharp, throbbing, stabbing, numbness and tingling bilateral shoulder pain. The pain was aggravated by repetitive motions, gripping, grasping, pushing, pulling and lifting and was rated 7-8 out of 10. The physical examination revealed cervical spine- tenderness, spasm and decreased range of motion, bilateral shoulders, tenderness; bilateral wrists/hands, tenderness and painful range of motion, positive Tinel's sign and palmar compression test. The current medications list is not specified in the records provided. She has undergone LAP-BAND surgery in 4/2014 and gall bladder removal on 2/28/2015. She has had physical therapy and acupuncture for this injury. Plan of care includes: order MRI of bilateral shoulders and bilateral wrists, acupuncture 2 times per week for 4 weeks, prescription given for ergonomic work station evaluation adjustment and headset, medications requested under separate cover letter. Work status: continue working full duty. Follow up in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ergonomic Work Station Evaluation, Adjustment: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Neck & Upper Back (updated 06/25/15) Ergonomics and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations MEDICAL AND OCCUPATIONAL HISTORY Page 153.

**Decision rationale:** Ergonomic Work Station Evaluation, Adjustment According to ACOEM guidelines cited above. "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." In addition, per the ODG, regarding ergonomics 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) Details regarding the patient's job profile are not specified in the records provided. Response to previous conservative therapy including physical therapy and pharmacotherapy was not specified in the records provided. Prior to noting the response to prior conservative therapy, including pharmacotherapy the medical necessity for ergonomics evaluation is not fully established. The medical necessity of Ergonomic Work Station Evaluation, Adjustment is not medically necessary for this patient at this juncture.