

Case Number:	CM15-0163857		
Date Assigned:	09/01/2015	Date of Injury:	07/17/2015
Decision Date:	10/07/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/20/2015

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, Hawaii
 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 57-year-old female who sustained a work related injury July 17, 2015, due to cumulative trauma from constant typing and computer work, to the right shoulder and right elbow. Past history included hypertension. According to a physician's report, dated July 20, 2015, the injured worker presented with complaints of intermittent pain in the right elbow and upper forearm. She reports having the pain for the last 147 days. Examination of the left shoulder revealed no abnormalities, no abnormalities of the left upper extremity-hand wrist, forearm elbow, upper arm and neck, drop arm and apprehension tests are negative, full range of motion of the shoulder. Examination of the right shoulder revealed no deformity or tenderness or abnormalities, drop arm and apprehension tests are negative, restricted range of motion right shoulder. The left elbow reveals no abnormalities with full range of motion. The right elbow is tender at the medial epicondyle and radial head with restricted range of motion. Diagnoses are sprain, strain right shoulder, right elbow tendinitis, right forearm pain, cumulative trauma form repetitive motion. Treatment plan included cryotherapy for 15 minutes over the right elbow, dispensed Nabumetone, cold pack and heat therapy pad for treatment of localized symptoms, requested physical therapy and acupuncture, and in-house ergonomic evaluation of workstation. At issue, is the request for authorization 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 Shoulder Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention.

Decision rationale: The patient presents with right elbow and forearm pain along with right shoulder pain. The current request is for an Ergonomic Evaluation. The treating physician requests on 7/23/25 (35B), "in-house ergonomic evaluation of work station." 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 is suffering from cumulative trauma from repetitive motions occurring in the work environment. ACOEM Guidelines support ergonomic evaluations for the workplace to accommodate ergonomic changes to hasten the employee's return to full activity. The request is medically necessary.