

Case Number:	CM15-0191940		
Date Assigned:	10/06/2015	Date of Injury:	04/08/2010
Decision Date:	11/18/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/29/2015

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, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 52-year-old who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of April 8, 2010. In a utilization review report dated September 9, 2015, the claims administrator failed to approve a request for an ergonomic workstation. The claims administrator was basing his denial on an absence of response to a request for additional information while reiterating that the denial was not based on issues of medical necessity. The claims administrator referenced an August 25, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On said August 25, 2015 RFA form, shoulder MRI imaging and an ergonomic workstation evaluation were endorsed. On July 29, 2015 qualified medical evaluation (QME), the applicant reported ongoing complaints of neck, upper back, shoulder pain, wrist pain, hand pain, and upper extremity paresthesias. The applicant was permanent and stationary, it was reported. The applicant had undergone left and right carpal tunnel release procedures. The qualified medical evaluator suggested the applicant undergo MRI imaging of the shoulder and obtain an ergonomic evaluation to assist in attenuating the claimant's ongoing upper extremity pain complaints. The applicant contended that the usage of an ergonomically unfriendly workstation had resulted in worsening hand and wrist pain complaints. On an April 29, 2015 qualified medical evaluation (QME), the applicant again complained that her employer had not furnished here with an ergonomically friendly workstation. The applicant stated that her desk was too high. The applicant apparently contended that her employer had failed to incorporate the recommendations of an ergonomist. The applicant was using Aleve and Motrin for pain relief. Multifocal complaints of neck,

shoulder, wrist, and hand pain were reported. The applicant seemingly stated that her desk was too high. The applicant was working regular duty and had done so since October 1, 2014, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ergonomic work station: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Yes, the request for an ergonomic workstation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 1, pages 6 and 7, workstations should be adjustable for workers of a different stature, strength, and endurance so as to ensure a match between each worker and his or her task, thereby avoiding discomfort, loss of productivity, and injury. Here, the applicant contended on several occasions that she has been furnished with an ergonomically unfriendly workstation. The applicant stated that the work station which she had been given was too high for her. The applicant contended that she has been unable to properly adjust her workstation and that either her employer and/or the claims administrator had failed to incorporate the recommendations of an ergonomist. Provision of an ergonomically friendly workstation at issue is in-line with the MTUS Guideline in ACOEM Chapter 1, page 6. Therefore, the request was medically necessary.