

Case Number:	CM15-0204276		
Date Assigned:	10/21/2015	Date of Injury:	11/06/2014
Decision Date:	12/08/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/19/2015

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 [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 6, 2014. On October 6, 2015, the claims administrator failed to approve a request for a sit-stand workstation. The claims administrator referenced non-MTUS ODG Guidelines in its determination. An October 9, 2015 date was service was also referenced in said determination. On October 9, 2015, the applicant reported ongoing complaints of shoulder pain. The applicant was described as minimally improved. Shoulder and clavicular pain were reported. The applicant was placed off of work for a week and asked to return to modified duty work shortly thereafter. An electric sit-stand workstation was sought. The attending provider stated that the applicant was employed with the [REDACTED] office.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase-electric sit to stand desk: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 06/10/14), Ergonomic Interventions.

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

Decision rationale: No, the proposed purchase of a sit-stand workstation/sit-stand desk was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 1, page 9 does acknowledge that mobile workers may prefer a sit-stand option to support back musculature here, however, the applicant's job duties and job demands were not clearly outlined on a handwritten October 9, 2015 office visit. It was not clearly stated the applicant was a mobile worker. It was not stated how the provision of a sit-stand workstation would attenuate the applicant's ongoing complaints of shoulder pain. The MTUS Guideline in ACOEM Chapter 5, page 80 also notes that, in order to assess the situation accurately, clinicians may use to augment their clinical judgment with further input from the employer, noting that such information might include a job description, information on job task, data on physical demands, information regarding whether accommodations can be made to allow an applicant to function in his or her original job. Here, however, the October 9, 2015 office visit was thinly and sparsely developed. It was not clearly stated how the sit-stand workstation would prove beneficial here. The applicant's job duties, job demands, and/or job description were not clearly outlined. Therefore, the request was not medically necessary.