MAXIMUS Federal Services

Case Number:	CM15-0207558		
Date Assigned:	10/26/2015	Date of Injury:	12/31/2012
Decision Date:	12/09/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/22/2015

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
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:

This is a 42-year-old individual with a date of industrial injury 12-31-2012. The medical records indicated the injured worker (IW) was treated for bilateral carpal tunnel syndrome, status post carpal tunnel surgery with residual; trigger finger, right long finger, status post trigger finger release, with recurrence; bilateral epicondylitis, lateral; and lateral subluxation extensor tendon, right third finger. In the progress notes (9-4-15), the IW reported pain and numbness over the bilateral wrists. In the orthopedic report (7-24-15), there was numbness, tingling, weakness, swelling, popping and radiation of pain from the hands up to the elbows rated 5 to 6 out of 10. On examination (7-24-15 notes), there were no deficits in ranges of motion of the bilateral wrists and elbows. The bilateral anterior wrists and lateral epicondyles were tender to palpation. Tinel's and Phalen's signs were negative bilaterally. Biceps and triceps reflexes were 1+ bilaterally. Muscle strength testing was 5 out of 5 throughout the upper extremities with no sensory deficits. Treatments included surgery, medications (Motrin, Tylenol #3), occupational therapy and H- Wave unit. In the 5-6-15 notes, it was advised that this IW not return to her usual and customary occupation due to the repetitive nature of her job. The IW was not working. There was no reference to a job to which the IW was scheduled to return. A Request for Authorization was received for an ergonomic work station for the bilateral wrists and elbows. The Utilization Review on 10-9-15 non-certified the request for an ergonomic work station for the bilateral wrists and elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ergonomic work station for bilateral wrists/elbows: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, Job Analysis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The patient presents on 09/04/15 with bilateral wrist pain and numbness. The patient's date of injury is 12/31/12. Patient is status post trigger finger release. The request is for ERGONOMIC WORK STATION FOR BILATERAL WRISTS/ELBOWS. The RFA is dated 09/04/15. Physical examination dated 09/04/15 reveals "recurrent numbness." No other physical findings are included. The patient is currently prescribed Motrin and Tylenol 3. Patient is currently advised to remain off work through 10/30/15.MTUS/ACOEM Practice Guideline, Prevention, 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 regard to the request for an ergonomic work station for this patient's continued bilateral wrist complaints, there is no indication that this patient is currently working or has an anticipated position capable of ergonomic modification. ACOEM Guidelines support ergonomic changes the workplace to hasten the employee's return to full activity, though it is not clear if this patient has returned to work or that there is currently anticipation of a new work position. This patient's previous occupation included: "filling trucks, stocking shelves, lifting, pulling, pushing boxes." It is unclear exactly what sort of ergonomic modifications could be made if the patient anticipates returning to this position, or whether this patient has obtained employment in an office environment. Without indication that this patient has returned to work or anticipates doing so in the near future, the requested ergonomic work station cannot be substantiated. Therefore, the request IS NOT medically necessary.