

Case Number:	CM15-0028250		
Date Assigned:	02/20/2015	Date of Injury:	06/07/2000
Decision Date:	03/26/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/17/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 49 year old female, who sustained a work/ industrial injury on 6/7/00. She has reported symptoms of pain in both arms and hands that was constant and varied in intensity. The diagnoses have included carpal tunnel syndrome, fibromyalgia, and anxiety. Treatment to date has included medication and exercises. The treating physician's progress note from 11/5/14 reported complaints of anxiety, depression, bilateral carpal tunnel syndrome, and myositis. The IW reported baseline symptoms that were stable. Per the treating physician's report on 11/5/14, there was soft tissue tenderness noted over the wrist joint of both upper extremities but able to make full fist, bilaterally. There was indication that the IW used [REDACTED] at work with the native language of [REDACTED]. The product would allow for less hand repetitive motion with less risk of re-injury. Medications included Effexor XR, Hydrocodone, Ibuprofen, Omeprazole, and Lyrica. On 1/13/15 Utilization Review non-certified a [REDACTED] version, noting the Medical treatment Utilization Schedule (MTUS) Guidelines for ergonomic workstation and modification and American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Prevention Chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **Version:** Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253 - 279.

Decision rationale: MTUS guidelines do not provide for [REDACTED] software for any injury. It is not a treatment for any injury. It is not medically necessary for this patient.