

Case Number:	CM15-0211958		
Date Assigned:	10/30/2015	Date of Injury:	08/11/2011
Decision Date:	12/14/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/27/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 63 year old female, who sustained an industrial injury on 8-11-2011. Diagnoses include shoulder sprain-strain, neck strain-sprain, and rotator cuff sprain-strain. Treatments to date include activity modification, medication therapy, and therapeutic shoulder joint injections. On 9-30-15, she complained of ongoing pain, stiffness, and weakness of bilateral shoulders. A prior injection to the left shoulder was noted to be effective. The physical examination documented tenderness, muscle spasms, and decreased range of motion of bilateral shoulders. The records indicated the left shoulder was worse than prior evaluations. The plan of care included a request for an ergonomic evaluation and correction of work station. The appeal requested authorization for an ergonomic evaluation and correction of work station. The Utilization Review dated 10-8-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ergonomic evaluation and correction of work station: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and pg 21.

Decision rationale: According to the guidelines, work related equipment and furnishings are not considered DME. The claimant does have neck and back pain. An ergonomic correction would assist in symptoms of pain. The notes do not indicate the exact need for evaluation and particular office adjustments of concern. The guidelines do not consider it a medical necessity. As a result, the request is not required.