

<b>Case Number:</b>	CM15-0051008		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	04/15/2014
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 45-year-old female who sustained an industrial injury on 4/15/2014. Her diagnoses, and/or impressions, cervical sprain; shoulder sprain with rotator cuff tear; and elbow sprain. Recent right shoulder x-ray and magnetic resonance imaging study were reported. Her treatments have included nerve block and steroid injection therapy; trigger point injection, manipulation, myofascial release, and modified work duties. Her recent history notes right-sided neck pain, and right shoulder pain with numbness, tingling and weakness into the right hand. In the progress note dated 1/22/2015, she reported she could work full duty, without restrictions, if she had the dragon speech, and physician's requests for treatment included a 2 month trial of the Dragon Speak Software declaring her temporarily partially disable and this would allow for her to work full duty without restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial Voice Recognition Dictation System (Dragon Speak) Software QTY: 2 (months):**  
Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.21(c), page 2 of Title 8, California Code of Regulations Page(s): 2.

**Decision rationale:** Section 9792.21(c) of the California Medical Treatment Utilization Schedule states that: "Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS. The guidelines states the claims administrator shall authorize treatment if such treatment is in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community, in accordance with subdivisions (b) and (c) of section 9792.25, and pursuant to the Utilization Review Standards found in section 9792.6 through section 9792.10." About the request for Dragon Speak software, this device constitutes reasonable work place accommodation that would allow rest to the injured body region. Therefore, a 2 months trial of Dragon Speaking system is reasonable and medically necessary.