

Case Number:	CM15-0059279		
Date Assigned:	04/03/2015	Date of Injury:	12/05/1996
Decision Date:	05/04/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/30/2015

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 54 year old female, who sustained an industrial injury on December 5, 1996. The injured worker had reported neck, right shoulder and right wrist pain. The diagnoses have included cervical spine herniated nucleus pulposus, right shoulder strain and right shoulder moderate grade partial thickness rotator cuff tear. Treatment to date has included medications, radiological studies, psychological evaluation, physical therapy, right wrist fusion, right carpal tunnel release and a cervical fusion. Current documentation dated February 17, 2015 notes that the injured worker reported neck and right shoulder pain rated at an eight out of ten on the visual analogue scale. Physical examination of the right shoulder revealed tenderness to palpation over the biceps tendon and subacromial space and a decreased range of motion. The injured worker was noted to have made improvement in her right rotator cuff symptoms with physical therapy. The treating physician's plan of care included a request for an ergonomic car key device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ergonomic Car Key Device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Durable medical equipment (DME).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 165 - 188 and 253 - 279.

Decision rationale: The patient is a 54 year old female with an injury on 12/05/1996. She had neck, shoulder and wrist pain. She had a cervical fusion and a right wrist fusion. MTUS, ACOEM for neck or wrist injuries do not mention the need for an ergonomic car key device. There are numerous keyless car entry vehicles. The requested device is not medically necessary; it is a personal preference and perhaps a convenience.