

Case Number:	CM15-0059554		
Date Assigned:	04/06/2015	Date of Injury:	05/15/2008
Decision Date:	05/04/2015	UR Denial Date:	03/23/2015
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: Maryland

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

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 64 year old female, who sustained an industrial injury on May 15, 2008. She reported cumulative trauma to her left shoulder. The injured worker was diagnosed as having left shoulder symptomatic partial thickness rotator cuff tear and small calcium deposit in the subscapularis tendon. Treatment to date has included diagnostic studies, brace, physical therapy, medications and injections. On January 21, 2015, the injured worker complained of problems with her left knee, left hip, left ankle and low back. She reported that her left shoulder still bothers her with lifting, carrying, pushing and pulling. She feels soreness and weakness of the left shoulder and noted that her motion is not full. The treatment plan included a request for an ergonomic chair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ergonomic chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (updated 02/27/15).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-Ergonomic interventions.

Decision rationale: Ergonomic chair is not medically necessary per the MTUS Guidelines and the ODG. The ODG states that in making recommendations for the design of tasks and workstations to prevent upper-body health concerns, the occupational health provider should be aware of the physical dimensions and range of motion needed to complete the tasks involved if they are well designed. The tools, machinery, or workstations should be flexible enough to accommodate any worker. The ODG states that ergonomic interventions are under study. The benefit of expensive ergonomic interventions (such as new chairs, new desks etc) in the workplace is not clearly demonstrated. The ODG states that there is even more evidence about the effectiveness of exercises, but limited evidence in favor of ergonomic interventions. The documentation is not clear that a thorough workstation evaluation was performed and additionally the ODG guidelines states that there is no evidence of benefit of ergonomic chairs or desks in the workplace. The documentation does not give extenuating circumstances that necessitate an ergonomic chair. The request is not medically necessary.