

<b>Case Number:</b>	CM15-0085554		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	09/10/2014
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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 (IW) is a 39-year-old female who sustained an industrial injury on 09/10/2014. She reported pain in the neck and shoulder. The injured worker was diagnosed as having right shoulder pain, myalgia, and chronic pain syndrome. Treatment to date has included medications, diagnostic imaging, physical therapy, and a home exercise program. Her right shoulder range of motion shows flexion 150/180, abduction 180/180, extension 30/30, bilaterally, tender spasm, tender trapezius muscle on the right. The C-spine shows no deformity/swelling/bruising, no midline tenderness, and no step off. Para-cervical muscles are tender on the right. Spurlings was negative. The worker reports pain in the right neck. Range of motion is: flexion 30/45, extension 45/90, rotation to the left 90/90, rotation to the right 60/90, with a report of pain on rotation to the right. Currently, the injured worker complains of neck and shoulder pain that is getting worse. She is feeling like her workstation is directly contributing to her pain. She is taking Naproxen for pain and inflammation and Flexeril as needed for muscle spasms plus Omeprazole to prevent GI upset from taking oral non-steroidal anti-inflammatory drugs. She also works on her home exercise program on a regular basis. One ergonomic workstation is requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Ergonomic Work Station: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

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

**Decision rationale:** According to the guidelines, The term DME is defined as equipment which:  
(1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients;  
(2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. In this case, the workstation is not primarily for medical purposes at home. The rationale for the claimant's need was not substantiated. The request for purchase vs rental or lease neither was nor investigated. The workstation request is not a medical necessity.