

Case Number:	CM13-0037251		
Date Assigned:	12/13/2013	Date of Injury:	09/28/2012
Decision Date:	02/28/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 48-year-old right-handed female working for [REDACTED] as a special education assistant. According to the claimant, she had a fall injury at work on 09/08/2012, and since then she has been experiencing pain and numbness at the neck, upper back and shoulders associated with weakness at the right side of the body. She reported aggravation of symptoms at night. On past medical history, she has high blood pressure. On examination, she has painful range of motion at the shoulders. On inspection, there is no gross atrophy in hand muscles. Muscle strength was at good to normal level. Deep tendon reflexes were 2+ at the biceps and trace at the triceps. Phalens test was negative and Tinel's sign was positive on the right side. Sensation was intact to light touch and pinprick. The MRI report of thoracic spine of 03/01/13 reveals mild kyphosis. There appears to be a 2mm disc bulge or protrusion at the C7-T1 level partially visualized. Per EMG/NCS, report of bilateral upper extremities of 03/6/13 reveals no evidence to support motor radiculopathy in the upper extremities, right wrist entrapment neuropathy of the median nerve with mild to moderate Carpal Tunnel Syndrome. Per MRI of cervical spine of 05/10/13 reveals mild inferior rightward tilt toward the corticomedullary junction and loss of lordosis. There is a 3mm bulge at C6-7 disc level with posterior annular tear. There is mild right neural foraminal stenosis. The central canal is mildly stenotic. At the C5-6 disc space there is a 3-4mm disc bulge with subtle left sided annular tear. There is mild to moderate central canal stenosis with moderate neural foraminal stenosis. There is a 1-2mm bulge at the C4-5 disc level. There is mild right greater than left neural foraminal stenosis and slight central canal stenosis, at the C3-4 disc level there is a 1-2mm bulge with right foraminal prominence and moderate right greater than left neural foraminal stenosis. The central canal is slightly reduced. At the C7-T1 disc space, there is an 8mm probable left foraminal nerve root sleeve cyst. The central canal and foraminal nerve root sleeve cyst. The central canal and foramina are maintained. Per PR-2 of 08/21/13, the

claimant complains of increased neck pain. She has increasing pain in her right CMC and radial wrist. Examination reveals moderate recurrent discomfort at the extremes of terminal rotation. There is severe scapular trigger point tenderness or paraspinal muscle spasm. Tenderness over the right CMC joint and the right radial wrist extensor tendons with a positive Finkelstein's test also noted. Recommendations are for Amtprox, Ultram, Zoloft, Cortisone injection, and work modification. Per request of 08/26/13, an ergonomic evaluation of her workstation. Diagnoses include cervical disc rupture and cervical radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

ergonomic evaluation at workstation: 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), Carpal Tunnel Syndrome Ergonomics Intervention

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Ergonomics Intervention

Decision rationale: The Physician Reviewer's decision rationale: ODG, Carpal Tunnel Syndrome Ergonomics Intervention Under study, while results from several studies suggest that multiple component ergonomic programs, alternative keyboard supports, and mouse and tool redesign may be beneficial, none of the studies conclusively demonstrate that the interventions would result in the primary prevention of carpal tunnel syndrome in a working population. Also, The latest Cochrane review concluded that an ergonomic keyboard significantly reduced pain after 12 weeks but not six weeks, but there was no difference between ergonomic and standard keyboards in hand function at six or 12 weeks or palm-wrist sensory latency at 12 weeks. (O'Connor, 2012). The claimant has not completed the primary treatment of her work related injury. Specifically there is no evidence that conservative treatment such as medications, PT, splinting, injections having been tried and failed. therefore the request for ergonomic work station evaluation is not medically necessary at this time.