

Case Number:	CM14-0164719		
Date Assigned:	10/09/2014	Date of Injury:	01/14/2009
Decision Date:	11/04/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/07/2014

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. The expert reviewer is Board Certified in Emergency Medicine 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 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/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:

The injured worker has a date of injury of 1/14/2009. The mechanism of injury is claimed as a slip on stairs. The patient has a diagnosis of bilateral shoulder impingement syndrome with rotator cuff tears, bilateral carpal tunnel syndrome, lumbar disc disease, and internal derange of bilateral knees. The patient is post R knee surgery on 5/16/13 and L shoulder surgery on 2/20/14. Medical reports were reviewed and the last report was available until 8/12/14. The patient complains of bilateral shoulder, low back and bilateral knee pain. Objective exam reveals decreased range of motion of R knee and bilateral shoulders. Lumbosacral range of motion is decreased. An MRI of L shoulder (8/16/10) revealed impingement and partial rotator cuff tears. An MRI of R shoulder (5/13) revealed partial full thickness rotator cuff tear and impingement. An MRI of lumbar spine (no date provided) revealed multilevel disc bulge at L2-S1 from 4.5-6mm. An MRI of R knee (8/10) revealed torn meniscus and osteoarthritis. No medication list was provided for review. The Independent Medical Review is for an ergonomic chair. A prior UR on 9/18/14 recommended non-certification. It modified request to ergonomic evaluation. It approved a heating pad, Synvisc injection of knee and physical therapy of shoulder.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Low Back>, <Ergonomic Interventions>

Decision rationale: The MTUS Chronic pain does not adequately deal with this topic. ACOEM guidelines have some basic guidelines involving activity alterations but not specific to an ergonomic chair. As per Official Disability Guidelines, ergonomic equipment may be warranted after proper ergonomic assessment and needs are identified although evidence for effectiveness is poor. There is no documentation of how poor ergonomics were contributing to pain and complaints. There is no appropriate ergonomic assessment documented. Provider has failed to provide a justification for an ergonomic chair therefore it is not medically necessary