

Case Number:	CM14-0176896		
Date Assigned:	10/30/2014	Date of Injury:	08/29/2012
Decision Date:	12/05/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/24/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 56 year old female who sustained an industrial injury on 08/29/2012. The mechanism of injury was not submitted for this review. Her diagnoses include neck pain and right upper extremity pain. She continues to complain of neck pain and numbness in the right arm. On physical exam there are cervical trigger points and the right shoulder lacks full extension. Motor and sensory exams are intact. Treatment has included medications, trigger point injections and biofeedback. The treating provider has requested authorization for [REDACTED] Software.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **Software per RFA dated 9/22/14 QTY: 1.00:** 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), Integrated Treatment/Disability Duration Guidelines, Forearm, Wrist & Hand (acute & chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines: Forearm, Wrist& Hand (Acute and Chronic)

Decision rationale: There is no documentation necessitating [REDACTED] Software. There is no indication of whether the software is for personal or work use. There is no indication that the patient is currently employed with excessive keyboarding duties that would support the need for dictation software, nor a report from an ergonomic evaluation and evidence that recommended modifications are sufficient to prevent re-injury or exacerbation from keyboarding and that dictation software is required. Medical necessity for the requested item has not been established. The requested item is not medically necessary.