

Case Number:	CM15-0122249		
Date Assigned:	07/06/2015	Date of Injury:	05/24/2004
Decision Date:	07/31/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/25/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 55 year old male, who sustained an industrial injury on 5/24/04. Initial complaints were not reviewed. The injured worker was diagnosed as having chronic effects of cervical sprain, thoracic sprain and lumbosacral sprain; myalgia and myositis complicated by diffuse idiopathic skeletal hyperostosis. Treatment to date has included status post left shoulder rotator cuff repair (10/2006); status post right shoulder rotator cuff repair (7/2008); chiropractic therapy; physical therapy; medications. Diagnostic studies included X-rays of the cervical spine (1/29/15). Currently, the PR-2 notes dated 4/28/15 indicated the injured worker was in the chiropractor's office as his final visit and would be seeing another provider for medial pain management. He continues to complain of cervical, thoracic and lumbar pain which he rates 3/10. Objective findings are documented by the provider as the injured worker's low back range of motion is within normal limits. His extension is guarded at 20/30, lateral flexion is 15/20, and cervical range of motion is guarded at 65/70 bilaterally with flexion 40/60 and extension 50/60. The provider advised the injured worker to return only during exacerbations of pain or pain above his thresholds. Other PR-2 notes indicate the injured worker has received prior treatment for neck, bilateral shoulder, low back, bilateral wrist/hands and bilateral feet. His prior treatments have included medications (Tylenol and ibuprofen), physical therapy, chiropractic therapy, ortisone injections in his heels, night splints, orthotics and gel inserts. He has a surgical history for bilateral shoulder arthroscopies with rotator cuff repair in 2006 and 2008. He is working at this time. He also notes that due to the injured worker working at a counter, he will need an ergonomic mobile stool.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ergonomic mobile stool: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ergonomics. <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Ergonomics "Under study. There was no good-quality evidence on the effectiveness of ergonomics or modification of risk factors. (Linton, 2001) There is limited evidence for the effectiveness of keyboards with an alternative force-displacement of the keys or an alternative geometry, and breaks during computer work compared to no breaks. (Verhagen, 2006) There is literature to support decreased trapezius loading and symptoms secondary to ergonomic interventions. (Westgaard, 1985) (Aaras, 1997) (Aaras, 1998) See also Return to work and Work." There is no clear rationale how ergonomic will help managing the patient cervical pain. ODG guidelines do not report strong evidences supporting the use of ergonomics. Therefore, the request for Ergonomic mobile stool is not medically necessary.