Case Number:	CM15-0174530		
Date Assigned:	09/16/2015	**Date of Injury:**	04/25/2014
Decision Date:	10/22/2015	**UR Denial Date:**	08/12/2015
Priority:	Standard	**Application Received:**	09/04/2015

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: California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 33 year old female who sustained an industrial injury on 04-26-2014. Physician impression includes cumulative trauma disorder (CTD) of the right upper extremity and right cubital tunnel syndrome. Report dated 07-31-2015 noted that the injured worker presented with complaints that included soreness in the right elbow, no numbness or tingling. Physical examination performed on 07-31-2015 revealed mild tenderness in the proximal posterior cubital tunnel, full range of motion, sensory and motor exam are intact, and Tinel's was negative at the ulnar nerve of the right elbow. Previous treatments included medications and brace. The treatment plan included dispensing medications which included Voltaren and Protonix, re-evaluate in 4 weeks, continue Pil-O brace right elbow at night when sleeping, and request for ergonomic evaluation with appropriate modifications with patient full extension. Disability status was documented as regular work. The utilization review dated 08-12-2015, non-certified the request for ergonomic evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ergonomic evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria, Work-Relatedness.

Decision rationale: Per MTUS guidelines, a thorough work history is crucial to establishing work-relatedness. Determining whether a complaint of a hand, wrist, or forearm disorder is related to work requires a careful analysis and weighing of all associated or apparently causal factors operative at the time. A predominance of work factors suggests that worksite intervention would be appropriate. A cluster of cases in a work group suggests a greater probability of associated work design or management factors. Repetitive work, especially pinch grasping and, possibly, keyboard work, is currently thought to have the potential to contribute to wrist or hand tendinitis. Problems with workstations have been associated with CTS and DeQuervain's tenosynovitis. The strength of these associations is not clear. Identification and ameliorization of other factors may be important, including compression at the wrist, awkward posture interacting with force, and the effect of sustained head and shoulder postures for office workers and computer users. Acute trauma at work can be associated with tendon and ligament strains. The clinician may recommend work and activity modifications or ergonomic redesign of the workplace to facilitate recovery and prevent recurrence. The employer's role in accommodating activity limitations and preventing further problems through ergonomic changes is key to hastening the employee's return to full activity. In some cases, it may be desirable to conduct a detailed ergonomic analysis of activities that may be contributing to the symptoms. A broad range of ergonomic surveys and instruments is available for measuring range of activity, strain, weights, reach, frequency of motion, flexion, and extension, as well as psychological factors such as organizational relationships and job satisfaction. Such detailed measures may be necessary or useful for modifying activity, for redesigning the workstation, or for suggesting organizational and management relief. Such cases may call for referral to a certified human factors engineer or ergonomist, either through the patient or the employer. In this case, the injured worker has been diagnosed with an ulnar nerve lesion. Physical examination performed on 07-31-2015 revealed mild tenderness in the proximal posterior cubital tunnel, full range of motion, sensory and motor exam are intact, and Tinel's was negative at the ulnar nerve of the right elbow. Per available documentation, there was a cervical and elbow MRI approved but results were not available for this review. Without a definitive diagnosis related to a possible workplace ergonomic issue and in light of no MRI results to support a diagnosis, the request for ergonomic evaluation is determined to be not medically necessary.