

Case Number:	CM15-0177915		
Date Assigned:	09/22/2015	Date of Injury:	03/30/2011
Decision Date:	11/02/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/09/2015

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: Texas, New York, 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 applicant is a represented 49-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 30, 2011. In a Utilization Review report dated August 24, 2015, the claims administrator failed to approve a request for sit-stand workstation. The claims administrator referenced a June 25, 2015 RFA form and an associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On July 22, 2015, the applicant reported ongoing complaints of neck, shoulder, and arm pain. A 15-pound lifting limitation was imposed. The applicant was apparently working at a rate of 9 hours a day, the treating provider contended. On June 25, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The applicant was returned to work at a rate of 8 hours a day on this date. The note was thinly and sparsely developed and did not seemingly make any mention of the sit-stand workstation. On multiple attached RFA forms, a sit-stand workstation, Norco, Voltaren gel, and physical therapy were endorsed, seemingly without any supporting rationale or commentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for sit/stand work station: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention.

Decision rationale: No, the request for a sit-stand workstation was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 1, page 9 does acknowledge that mobile workers should be afforded sit-stand options and further notes that all seating should be fully adjustable to accommodate workers of different heights and body habits, here, however, little to no narrative commentary accompanied the June 25, 2015 RFA form. It was not stated why a sit-stand workstation was sought. There was no mention of the applicant's being a mobile worker, for instance. The applicant's job duties, job demands, and the need for the sit-stand workstation were not articulated on progress notes of June 25, 2015 and July 22, 2015, neither of which made any mention of the need for a sit-stand workstation. Therefore, the request was not medically necessary.