

Case Number:	CM15-0072165		
Date Assigned:	04/22/2015	Date of Injury:	08/16/2011
Decision Date:	05/20/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/15/2015

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 56 year old female, who sustained an industrial injury on 08/16/2011 complaining of discomfort in fingers, hand and wrists. On provider visit dated 03/04/2015 the injured worker has reported pain in neck, upper and lower back, bilateral elbow, bilateral wrist and hand. On examination of the cervical and lumbar spine revealed painful range of motion. The diagnoses have included cervical spine disc bulge, thoracic spine disc bulge, lumbar spine strain, right elbow strain, left elbow surgery, right wrist internal derangement, right and strain, left wrist internal derangement and left hand strain. Treatment to date has included MRI's, xrays, injections, electromyogram and nerve conduction study and medication. The provider requested Ergonomic workstation evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ergonomic workstation evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Ergonomic interventions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ergonomic interventions.

Decision rationale: The patient is a 56 year old female with an injury on 08/16/2011. She had discomfort of her wrists, fingers and hands. On 03/04/2015, she had neck, back, elbow, wrist and hand pain. ODG note that there is no evidence for ergonomic intervention for back pain in a recent study of 500 patients. ODG note that ergonomic interventions for hand and wrist conditions continue to be studied. Perceived stress symptoms influence musculoskeletal symptoms. ODG note that for neck and upper back conditions ergonomic interventions also continue to be studied. since ergonomic intervention is not medically necessary, an ergonomic workstation evaluation is not medically necessary.