

Case Number:	CM15-0078940		
Date Assigned:	04/30/2015	Date of Injury:	01/26/2015
Decision Date:	06/01/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/24/2015

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: Pennsylvania

Certification(s)/Specialty: Family Practice

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 48 year old male, who sustained an industrial injury on 1/26/2015. He reported wrist pain from repetitive typing. The injured worker was diagnosed as having tendinitis of the left and right wrists. Treatment to date has included rest, ice, physical therapy, ergonomic evaluation of workspace, and wrist braces. Currently, the injured worker complains of bilateral wrist pain, left greater than right. He was working modified duty with restrictions. The treatment recommendation included installation and training on dictation software ([REDACTED] preferred), to reduce the overall repetitive strain at both wrists/hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **device/software with installation and training for use:** Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the ODG, ergonomic interventions are under study. No specific ergonomic intervention is recommended although the ODG does state that forearm support may be preferable to the "floating" posture in computer workstation setup. Voice recognition software is not discussed. This worker had an ergonomic evaluation with specific recommendations for workplace modification and work habits. However, the record does not indicate that these recommendations have been implemented. It would be anticipated that implementation of these recommendations would reduce symptoms. The ergonomic recommendations did not include voice recognition technology. No rationale for the prescription of voice recognition technology has been provided.