

<b>Case Number:</b>	CM15-0090595		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	02/09/2015
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: North Carolina

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 47 year old female, who sustained an industrial injury on February 9, 2015. The injured worker was diagnosed as having repetitive strain injury, bilateral forearm muscle strain, bilateral hand strain and right trapezius strain. Treatment to date has included elbow band, wrist brace and Tylenol. A progress note dated March 6, 2015 the injured worker complains of worsening wrist pain thought to possibly be related to wrist brace worn at work. It is documented an ergonomic evaluation was done the previous week. Physical exam notes mild tenderness with full range of motion (ROM). There is greater tuberosity tenderness of the shoulder with full range of motion (ROM). The plan includes physical therapy, hold wrist brace, ergonomic implementation, elbow band and Tylenol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ergonomic evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** The ACOEM hand, wrist and forearm chapter states: Complaints of workspace discomfort should be evaluated for ergonomic contributions to the pain as part of the treatment plan. Careful ergonomic re-analysis of the job site should be done if the patient fails to improve. Delayed recovery or failure to improve may suggest a connection between job task/motions and ongoing pain. Criteria for ergonomic evaluation have been met and the request is medically necessary.