

<b>Case Number:</b>	CM15-0096438		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	11/18/2014
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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 24-year-old female, with a reported date of injury of 11/18/2014. The diagnoses include right wrist strain, right ulnar wrist pain secondary to post-traumatic Triangular Fibrocartilage tear, and right wrist stiffness secondary to right wrist pain. Imaging studies included x-ray of the right wrist on 03/25/2015 with normal findings and an MRI of the right wrist on 02/11/2015, which showed avulsion of the central portion of the triangular fibrocartilage from the radial attachment with displacement mass or fluid collection. Treatments to date have included oral medication, steroid injection, hand therapy and occupational therapy. The progress report dated 04/20/2015 is handwritten and somewhat illegible. The report indicated that the injured worker felt that she continued to improve. The pain is minimal but fluctuated dependent on activity, for example, she experienced increased the symptoms with the use of a mouse or when entering a lot of data. She self procured an ergonomic mouse but use of that increased the pain, too. The objective findings included tenderness to palpation, restricted range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ergonomic mouse (right wrist):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, Ergonomic interventions.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 2-3, 5-6, 12-3, 15; 29-31; 45; 84; 262-3. Decision based on Non-MTUS Citation Federal Occupational Safety and Health Administration (OSHA) Voluntary Industry-Specific Guidelines. found at: <https://www.osha.gov/SLTC/ergonomics/controlhazards.html>.

**Decision rationale:** This is a patient with an industrial injury, which is exacerbated by work activities. Even though the scientific literature has not produced quantification showing a dose-response relationship or temporal associations of specific ergonomic or other stressors in causing work-related injuries, the fact that certain work activities can worsen an injury is well established. Prevention is key. The ACOEM guidelines notes that studies have shown that prevention of work-related complaints depends on reducing exposure to physical, personal and psychosocial stressors and recommends design of hand tools be appropriate to the task and ergonomic adjustments be made where appropriate. OSHA regulations do not mandate an employer provide ergonomic equipment such as work stations and chairs, but employers do have an obligation under the General Duty Clause, Section 5(a) (1) to keep the workplace free from recognized serious hazards, including ergonomic hazards. Of note, one of the basic principles of workplace safety is the use of engineering controls to reduce exposure to work-related stressors. This patient has a wrist injury that worsens with use of a mouse. This certainly implies that a more ergonomic mouse (an engineering control) may alleviate her pain exacerbations caused by work exposures. There is also no notation in the medical records that ergonomic workstation evaluation has been done. Such an evaluation may likewise be helpful as a primary prevention of symptom exacerbation. Given all the above information, ergonomic mouse is medically necessary.