

Case Number:	CM15-0097635		
Date Assigned:	05/29/2015	Date of Injury:	03/03/2014
Decision Date:	06/26/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/20/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This 48 year old woman sustained an industrial injury on 3/3/2014. The mechanism of injury is not detailed. Diagnoses include right wrist sprain and right lateral and medial epicondylitis, and right ulnar nerve entrapment at elbow. Treatment has included oral medications. Physician notes dated 4/24/2015 show complaints of right wrist pain with numbness and tingling in the hand and fingers. Recommendations include fluoroscopic examination of the right wrist, hand therapy, limit use of right hand, ergonomic chair without arm rests, and follow up in two to three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ergonomic chair with no arm rests, quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG), - Forearm, Wrist and Hand (Acute & Chronic) updated 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) Carpal Tunnel

Syndrome (Acute & Chronic), Ergonomic interventions Durable Medical Equipment (DME) and Exercise Equipment and Other Medical Treatment Guidelines Medicare.gov, durable medial equipment.

Decision rationale: MTUS is silent regarding the use of ergonomic chairs. ODG states: "Under study. While results from several studies suggest that multiple component ergonomics programs, alternative keyboard supports, and mouse and tool redesign may be beneficial, none of the studies conclusively demonstrates that the interventions would result in the primary prevention of carpal tunnel syndrome in a working population. (Lincoln, 2000) Microbreaks from repetitive motion jobs show positive, limited evidence. (McLean, 2001) (Genaidy, 1995) (Galinsky, 2000) (Henning, 1997) There is some positive evidence regarding the effect of ergonomic keyboards on pain relief and hand function. (O'Conner-Cochrane, 2003) (Verhagen-Cochrane, 2004) There is limited evidence for the effectiveness of keyboards with an alternative force-displacement of the keys or an alternative geometry. (Verhagen, 2006) A recent study of wrist posture, loading and repetitive motion as risk factors for developing carpal tunnel syndrome, found that frequent flexion (OR 4.4), frequent extension (OR 2.7), and sustained forceful motion (OR 2.6) were associated with CTS, but neutral wrist position and repetitive wrist motion were not associated with CTS. (Fung, 2007) The latest Cochrane review concluded that an ergonomic keyboard significantly reduced pain after 12 weeks but not six weeks, but there was no difference between ergonomic and standard keyboards in hand function at six or 12 weeks or palm-wrist sensory latency at 12 weeks. (O'Connor, 2012)." ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below." Medicare details DME as: durable and can withstand repeated use-used for a medical reason, not usually useful to someone who isn't sick or injured-appropriate to be used in your home. Rationale behind this request is unclear as it does not appear this patient is currently working. Guidelines do not directly address the use of ergonomic chairs for wrist and elbow pain, however, the chair does not meet guidelines for durable medical equipment as described above. As such, the request for Ergonomic chair with no arm rests, quantity: 1 is not medically necessary.