

Case Number:	CM13-0003906		
Date Assigned:	11/08/2013	Date of Injury:	09/24/2012
Decision Date:	08/28/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	07/26/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented () employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 24, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; MRI imaging of cervical spine of June 14, 2013, notable for a 4-mm disk protrusion at C7-T1 and low-grade annular bulging at C6-C7; electrodiagnostic of July 7, 2013, notable for moderate right-sided carpal tunnel syndrome; transfer of care to and from various providers in various specialties; and reported return to regular work, per the claims administrator. In a progress note dated July 19, 2013, the applicant persistent complaints of neck pain. The applicant stated that traction was helping him in physical therapy but was wearing out. The applicant was described as having good strength about the bilateral upper extremities with only low-grade sensory deficits about the right arm. An additional 12 sessions of physical therapy, Naproxen, Flexeril, and regular duty work were endorsed. The applicant was asked to obtain a home traction device.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY WITH TRACTION (2) TIMES PER WEEK FOR (6) WEEKS FOR THE CERVICAL SPINE QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The 12-session course of physical therapy treatment, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Medical Treatment Guidelines for myalgias and myositis of various body parts. It is further noted that both pages 98 and 99 of the MTUS Chronic Medical Treatment Guidelines emphasize active therapy, active modalities, and self-directed home physical medicine during the chronic pain phase of a claim. In this case, the applicant's issues are quite clearly chronic. The applicant has returned to regular work and, thus, should likewise be capable of transitioning to an independently performed home exercise program without the lengthy formal course of physical therapy proposed here. Therefore, Physical Therapy with traction (2) times per week for (6) weeks for the cervical spine QTY: 12.00 is not medically necessary.

CERVICAL TRACTION UNIT FOR HOME USE QTY: 1.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, 181.

Decision rationale: While the overall MTUS position on traction in ACOEM Chapter 8, Table 8-8, page 181 is not recommended, the ACOEM qualifies the recommendation by noting, on pages 173 and 174 that palliative tools such as traction can be employed on a trial basis but should be monitored closely, with emphasis on functional restoration and return of applicants to activities of normal daily living. In this case, the attending provider and applicant had stated that they intend to use the traction for precisely that purpose. The applicant has already returned to regular duty work. The attending provider and applicant had stated that the purpose of traction is to facilitate the applicant's performing home exercises at home and maintaining regular duty work status. This is an appropriate usage of traction. Therefore, Cervical Traction Unit for home use QTY: 1.00 is medically necessary.