

<b>Case Number:</b>	CM13-0014656		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	01/06/2012
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 Physical Medicine and Rehabilitation 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:

This 69 year-old patient sustained an injury on 1/6/12 to the cervical spine and right shoulder while employed by [REDACTED]. Request under consideration includes Pneumatic Cervical Traction Device (Rental). Conservative care has included acupuncture, physical therapy, medications, injections, and modified activities. There is an 8/22/12 dated Agreed Medical Evaluator (AME) report noting the patient with negative EMG/NCV of the upper extremities; diagnoses included chronic cervical sprain/strain superimposed cervical degenerative joint disease; right shoulder degenerative joint disease (DJD) and Acromioclavicular joint arthropathy. It was recommended by the AME that the patient has anticipated permanent and stationary status by January 2013. Report of 1/10/13 from an orthopedic provider noted patient has completed 40 Physical Therapy sessions along with extensive acupuncture of at least 25 sessions as well. Report of 2/6/13 from the provider had no clinical evidence for continued therapy without documented functional improvement from previous conservative treatments. Report of 7/2/13 from the provider noted ongoing neck, bilateral shoulders, and low back pain. Acupuncture had been helpful; exam showed neck at 40/20, bilateral shoulders abd/flex 80/90 degrees. The request for the pneumatic cervical traction device was non-certified on 8/7/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PNEUMATIC CERVICAL TRACTION DEVICE (RENTAL): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

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

**Decision rationale:** Per ACOEM Treatment Guidelines for the upper back and neck, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. Per ODG, cervical traction is recommended for patients with radicular symptoms, in conjunction with a home exercise program, not seen here. In addition, there is limited documentation of efficacy of cervical traction beyond short-term pain reduction. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Submitted reports have not demonstrated the indication or medical necessity for this traction unit. The pneumatic cervical traction device (rental) is not medically necessary and appropriate. Disclaimer: MAXIMUS is providing an independent review service