

Case Number:	CM13-0026780		
Date Assigned:	03/19/2014	Date of Injury:	01/14/2013
Decision Date:	05/28/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/19/2013

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:

The patient is a [REDACTED] employee who has filed a claim for neck and right shoulder pain associated with an industrial injury of January 14, 2013. Thus far, the patient's neck and shoulder has been treated with heat pads, anti-inflammatory medications, opioids, muscle relaxants, and injections. Of note, patient has had surgery to the right shoulder in 1986 that was not work-related. Review of progress notes indicates accompanying symptoms of headache and sleep problems with corresponding formal evaluations. Patient has moderate sharp neck pain radiating to the right shoulder area and moderate upper mid-back pain, as well as low back pain. MRI of the right shoulder performed in February 22, 2013 showed osteoarthritis and tendinitis and post-operative changes. EMG-NCV of the upper extremities performed in August 2013 showed normal results. MRI of the neck performed September 11, 2013 was unremarkable. In a utilization review report of August 19, 2013, the claims administrator denied a request for cervical traction device as there is lack of documentation regarding symptoms, findings, and ongoing physical therapy of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TRACTION UNIT FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 73.

Decision rationale: The MTUS/ACOEM Guidelines states that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. In this case, there is lack of documentation regarding symptoms and objective functional deficits referable to the cervical spine that would support use of this modality. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for traction unit for the cervical spine is not medically necessary and appropriate.