

Case Number:	CM13-0045570		
Date Assigned:	12/27/2013	Date of Injury:	09/12/2008
Decision Date:	04/18/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopaedic Surgery, and is licensed to practice in New York. 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 69-year-old who sustained in multiple trauma injuries on September 12, 2008. The patient complains of pain in the left shoulder, difficulty with shoulder range of motion and cracking and popping. The physical examination of the shoulder showed abduction to 95°. Final Determination Letter for IMR Case Number [REDACTED] 3 The medical records do not document any cervical spine complaints or cervical spine physical exam documenting cervical abnormalities The patient is diagnosed with musculoskeletal sprain of the cervical spine with disc bulges at C4- 5 C5-6 and with some stenosis at C3-4 and C6-7. However, the medical records do not include documentation of an abnormal MRI. In addition the medical records do not document physical examination demonstrating that there was cervical spine pathology. There is also no documentation of conservative measures for the treatment of neck pain.. At issue is whether a home cervical traction unit is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

OVER THE DOOR CERVICAL TRACTION FOR PURCHASE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK & UPPER BACK, TRACTION

Decision rationale: This patient does not reestablish criteria for the use of a home cervical traction unit. Specifically, the medical records do not document any other conservative measures the treatment of neck pain. The medical records do not document physical examination the cervical spine demonstrating abnormality. In addition, medical records do not contain the radiology report of an MRI of the cervical spine showing cervical abnormality. Criteria for the use of a home cervical traction unit are not met.