MAXIMUS Federal Services

Case Number:	CM13-0047908		
Date Assigned:	12/27/2013	Date of Injury:	08/03/2004
Decision Date:	04/03/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 [redacted] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 3, 2004. Thus far, the applicant has been treated with analgesic medications and Voltaren gel. The applicant has reportedly returned to regular work. A progress note of October 16, 2013 is notable for comments that the applicant continues to work as a court reporter. It is stated she is having issues related to thumb arthritis and that usage of a splint to ameliorate the applicant's thumb arthritis has been employed and that a fabricated splint is a more appropriate option here in light of the fact that a prefabricated splint was previously tried and resulted in skin erosion. It is further noted that the applicant is returned to regular work. There is no mention of the request for traction. It is not clearly stated whether the cervical traction device being requested is being considered for purchase purposes or for rental purposes. A June 22, 2011 progress note is notable for comments that the applicant should employ a cervical traction device at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL TRACTION DEVICE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),Traction: Neck/Upper Back Chapter.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, traction is "not recommended." Pages 173 and 174 of the ACOEM Guidelines note that palliative tool such as traction do not have any high-grade scientific evidence to support their efficacy but do note that these palliative tools can be employed on a trial basis with emphasis placed on functional restoration and return of the applicant's activities of daily living. In this case, however, it is not clearly stated why the traction device is being sought, whether or not the applicant has previously used the traction device, whether the device represents a purchase or a rental, and/or whether the applicant intends to use the traction device in conjunction with home exercises and/or another program of functional restoration. Again, the documentation on file alludes solely to the applicant's usage of the thumb splint in question. It is not clearly stated for what purpose the traction device is being sought. Therefore, the request is not certified, on independent medical review.

CF OPENNESS SPLINT RIGHT SIDE PURCHASE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Splints: Forearm/Wrist/Hand Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation MTUS: ACOEM, HAND, SRIST AND FOREARM CHAPTER, HAND AND FINFER OSTEOARTHROSIS TOPIC,

Decision rationale: The MTUS does not address the topic of hand, finger, and/or thumb splinting for the diagnosis of CMC joint arthritis, reportedly present here. However, the Third Edition ACOEM Guidelines do recommend splinting either for acute flares of or chronic hand osteoarthrosis. ACOEM further notes that either prefabricated or custom-made orthoses may be utilized. In this case, the applicant has apparently tried and failed prefabricated orthoses for the thumb arthritis. Custom-made orthoses are therefore indicated, appropriate, and supported by ACOEM. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.