

<b>Case Number:</b>	CM13-0068214		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/29/2013
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 35-year-old female who reported an injury on 05/29/2013, while attempting to place a suspect into custody. Current diagnoses include right shoulder pain, persistent hip pain, and neck pain. The injured worker was evaluated on 12/10/2013. The injured worker reported persistent neck and arm pain. Physical examination revealed axial pain with radiation to the lateral forearm, thumb, and index finger bilaterally. Treatment recommendations included a home cervical traction unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PURCHASE OF THE BACK REVOLUTION HOME MACHINE:** Upheld

**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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. The Official Disability Guidelines (ODG) recommends patient-

controlled traction for patients with radicular symptoms, in conjunction with a home exercise program. Guidelines do not recommend institutionally-based power traction devices. As per the documentation submitted, the injured worker does report persistent neck pain. Physical examination does reveal axial neck pain with radiation to the upper extremities. However, it was not specified whether the patient was to receive a patient-controlled traction unit or an institutionally-based power traction device. There is also no specific body part listed in the current request. Based on the clinical information received, the request is not medically necessary or appropriate.