

<b>Case Number:</b>	CM13-0069784		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/08/2012
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Pain Management 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 is a patient with a date of injury of 5/8/12. A utilization review determination dated 12/13/13 recommends non-certification of a home traction unit. It references a 12/3/13 medical report identifying improvement with shooting pain and worsened head pressure. The patient felt worse with chiropractic treatment, but the chiropractor recommended a home traction unit. On exam, there was cervical tenderness and decreased range of motion (ROM), weakness in the right deltoid, biceps, and triceps, and normal sensation and reflexes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DURABLE MEDICAL EQUIPMENT: HOME TRACTION UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Traction

**Decision rationale:** Regarding the request for a home traction unit, the CA MTUS/ACOEM guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of traction. The guidelines go on to state the traction is not recommended. ODG

states that home cervical traction is recommended for patients with radicular symptoms in conjunction with a home exercise program. The guidelines also state that powered traction devices are not recommended. Within the documentation available for review, there is no documentation of a request for a patient-controlled device and a clear rationale for its use despite the recommendations of the MTUS and ACOEM. In light of the above issues, the currently requested home traction unit is not medically necessary.