

<b>Case Number:</b>	CM14-0107176		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/30/2012
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Anesthesiology, 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:

According to the records made available for review, this is a 67-year-old male with a 6/30/12 date of injury. At the time (7/1/14) of the decision for cervical traction, there is documentation of subjective (persistent neck pain, as well as shoulder and right wrist pain) and objective (tenderness along the cervical paraspinal muscles, trapezius, and shoulder girdle bilaterally) findings, current diagnoses (impingement syndrome status post decompression, rotator cuff repair and labral repair on the right and discogenic cervical condition with radicular component down the right upper extremity), and treatment to date (medications). There is no documentation of radicular symptoms and that the unit is a patient controlled device and will be used in conjunction with a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Traction:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Traction.

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies that traction is not recommended for managing neck and upper back complaints. ODG identifies that home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces) is recommended for patients with radicular symptoms, in conjunction with a home exercise program. Within the medical information available for review, there is documentation of diagnoses of impingement syndrome status post decompression, rotator cuff repair and labral repair on the right and discogenic cervical condition with radicular component down the right upper extremity. However, there is no documentation of radicular symptoms and that the unit is a patient controlled device and will be used in conjunction with a home exercise program. Therefore, based on guidelines and a review of the evidence, the request for Cervical Traction is not medically necessary.