MAXIMUS Federal Services

Case Number:	CM14-0109639		
Date Assigned:	08/01/2014	Date of Injury:	08/31/2009
Decision Date:	08/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 59 year-old male who reported an injury on 08/31/2009, caused by an unspecified mechanism. The injured worker's treatment history included physical therapy, medications, psychiatric treatment, pain management, and epidural steroid injections. The injured worker was evaluated on 07/17/2014, and it was documented that the injured worker had depression, right arm numbness, right shoulder pain, and neck pain. The provider noted that the injured worker had completed therapy for his right arm; however, continued to experience neck pain, right arm pain with numbness that was unchanged. He even underwent cervical traction without resolve of his condition whatsoever. The injured worker stated he did not feel therapy helped. Objective findings of the cervical spine were straightening of normal cervical lordosis, his forward flexion was 35 degrees, extension was 25 degrees, and rotation to the right/left was 40 degrees. Lateral bending left/right was 35 degrees. Range of motion was limited with pain going down to his right arm diffusely into his right hand. Right shoulder examination, forward flexion was 100 degrees, abduction 90 degrees, adduction 35 degrees, external rotation 35 degrees, and internal rotation 25 degrees. Yergason's test, impingement test, and Jobe's test were negative. There was a positive O'Brien's test. Diagnoses included cervicalgia with right upper extremity radiculopathy, right shoulder with adhesive capsulitis, right shoulder pain, chronic pain syndrome, and depression. The request for authorization and rationale were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical traction unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The ACEOM guidelines, it states that a cervical collar is not recommended for more than 1-2 days. The injured worker was evaluated on 06/17/2014 and it was documented the injured worker had underwent cervical traction without resolve of his condition whatsoever. The documentation submitted failed to indicate the injured worker's outcome measurements of physical therapy, pain medication management and home exercise regimen. As such, there is no documented evidence to warrant a cervical traction unit. Given the above, the request for cervical traction unit purchase is not medically necessary.