

Case Number:	CM14-0011629		
Date Assigned:	02/21/2014	Date of Injury:	11/04/1991
Decision Date:	07/23/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/29/2014

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 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 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 52-year-old female patient with a November 4, 1991 date of injury. Medical reports from 2012 and 2013 were reviewed, indicating persistent right knee and left shoulder pain. A February 7, 2014 progress report indicates persistent neck and low back pain. The patient has retired. Decompression type therapy has helped her with overall neck and low back discomfort. She is now able to rotate her neck towards the left without having a sharp pinch on the left side of her neck. She has reported increased range of motion and denies having any radiation of pain into the upper extremities; she also denies any associated numbness, tingling or weakness in the upper extremities. Physical exam demonstrates minor myofascial spasms in the cervical and lumbar region. The patient is intact neurologically. The patient is considered for permanent and stationary status. A December 18, 2013 progress report indicates a 10 year history of neck and low back pain. A discussion of appendicitis that because decompression therapy has helped her for both the cervical and lumbar spine, and now a home cervical traction unit is requested. A December 14, 2012 right shoulder MRI demonstrates mild to moderate osteoarthritis of the AC joint, mild down-sloping of the acromion, hypertrophy of the coracoacromial ligament with mild to moderate impingement of the underlying supraspinatus muscle and tendon. Treatment to date has included physical therapy, acupuncture, chiropractic treatment, Synvisc injection to her right knee, SI joint injection, left shoulder arthroscopy on March 16, 2012, right medial meniscectomy on July 8, 2014, medication, activity modification. There is documentation of a previous December 30, 2013 adverse determination for lack of clinical findings of radiculopathy on physical exam. The patient demonstrated a normal lordotic curve of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CERVICAL HOME TRACTION UNIT ([REDACTED]): Upheld

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

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 and Upper Back Chapter, Cervical Traction.

Decision rationale: The ODG recommends home cervical patient controlled traction for patients with radicular symptoms, in conjunction with a home exercise program. However, the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines states that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. In addition, ODG does not recommend powered traction devices. In this patient's case, she is now considered for P&S status. There are minor residual neck complaints, but no radicular symptoms. There is no description as to how home traction would be incorporated into an independent home exercise program. There is no discussion as to why gravity-controlled traction would be considered insufficient. The patient's observed response to previous decompression therapy was somewhat diluted because decompression and physical therapy were rendered concurrently. The request for one cervical home traction unit ([REDACTED]) is not medically necessary or appropriate.