

Case Number:	CM14-0014459		
Date Assigned:	02/28/2014	Date of Injury:	07/06/2010
Decision Date:	06/27/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified Physical Medicine & Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 Physician 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 56-year-old female who reported an injury on 07/06/2010 secondary to an unknown mechanism of injury. The injured worker was evaluated on 07/08/2013 for reports of neck and left shoulder pain. The injured worker indicated the pain radiated to the left shoulder creating numbness in both hands, headaches and was rated at 3/10. The exam noted no range of motion evaluation of the cervical spine and mild reduction in strength of the left wrist and hand grip rated at 4/5. The diagnoses and treatment plan were not noted in the documentation provided. The Request for Authorization and rationale for the request were not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL PNEUM TRAC EQUIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 8, 173.

Decision rationale: The request for cervical pneum trac equip is not medically necessary. The California MTUS/ACOEM Guidelines indicate there is no high-grade scientific evidence to

support the effectiveness or ineffectiveness of passive physical modalities such as traction. This palliative tool may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. There is a significant lack of indication in the documentation provided of the intended use of this therapy as a trial. There is also lack of evidence of the intention to use this therapy along with a plan for functional restoration. There is a lack of evidence on the documentation provided of the request or intended use of the traction device. Furthermore, there is a significant lack of objective evidence of functional deficits to warrant the request. Therefore, based on the documentation provided, the request is not medically necessary.