

Case Number:	CM14-0147237		
Date Assigned:	09/15/2014	Date of Injury:	12/27/2010
Decision Date:	12/22/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/10/2014

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 Internal 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:

The injured worker sustained a work related injury on December 27, 2010. The exact mechanism of the work related injury and subsequent complaints was not provided in the documentation supplied. The Physician provider's note dated April 18, 2014, noted the injured worker with right shoulder, arm and neck pain. The injured worker reported the shoulder improving with repeated neck flare-ups. The Physician noted previous bilateral carpal tunnel release surgeries. Physical assessment was noted to show the shoulder with near full range of motion, with an O'Brien test mildly painful. The assessment included status post right shoulder subacromial decompression and distal clavicle resection and capsular release, status post bilateral carpal tunnel releases, right cubital tunnel syndrome stable, and ring locked trigger finger stable status post one injection. A physical therapy progress note from the same date noted the injured worker progressing as expected, with continued improvement in active range of motion, functional use, and reduced pain. The Physician progress note dated June 13, 2014, noted the injured worker with right shoulder, arm, and neck pain. The injured worker reported having ongoing difficulty with the right arm, with shoulder improved with therapy. The injured worker's right long finger was noted to continue to trigger and be painful, not resolved by previous injections. The injured worker continued to wear a wrist splint as needed for discomfort from increased activities. Physical examination was noted to show range of motion of the elbow, forearm, and wrist within normal limits. Mild restriction at the end of the long finger was noted, as was some ongoing difficulty with shoulder tightness in internal rotation, impacting range of motion. Physician recommendations at that time were for additional therapy for the shoulder, and use of an Oval-8 splint worn in reverse to avoid triggering of the long finger. The injured worker was noted to be able to return to modified work duties, with limited overhead reaching to thirty minutes per hour. A Physical Therapy note dated August 12, 2014,

noted the injured worker reporting continued improvement in right shoulder functional use and reduced pain. The left shoulder was reported to have increased pain, popping, and limitations with use. The injured worker reported pain, grinding, and stiffness of the neck with grip strength and feelings in the hands significantly impaired. The Physical Therapist noted the injured worker would benefit from acquisition of a Saunders Home Cervical Traction Unit to decrease cervical pain, upper trapezius guarding so to reduce scapular dyskinesis, and allow improved shoulder function. On August 18, 2014, a request for authorization was made for a Saunders Cervical Traction purchase. On August 29, 2014, Utilization Review evaluated the request for a Saunders Cervical Traction unit purchase citing MTUS American College of Occupational and Environmental Medicine (ACOEM) Chapter 8 pages 181-183, table 8-8, and Physical treatment methods. The UR Physician noted that the guidelines do not recommend use of cervical traction as there are no high quality studies to support their routine use. The UR Physician noted that as such, the medical necessity for the request could not be established, therefore the purchase of the Saunders Cervical Traction unit was medically denied. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase Saunders cervical traction: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck section, Cervical Traction

Decision rationale: Pursuant to the Official Disability Guidelines, Saunders cervical traction for purchase is not medically necessary. Mechanical traction is recommended home controlled traction for patients with radiculopathy symptoms in conjunction with a home exercise program. Some studies concluded there is limited documentation of efficacy of cervical traction beyond short-term pain reduction. In general, it would not be advisable to use these modalities beyond two to three weeks if signs and objective progress towards functional restoration are not demonstrated. In this case, a progress note dated April 18, 2014 indicates the injured worker was having some neck flare ups, sometimes radiculopathy was present. There was more neck stiffness with an inability to turn to the left. A more recent progress note dated June 13, 2014 does not address the neck or traction at all. There is no discussion of radiculopathy and no discussion of cervical traction in the assessment or plan. The assessment in the April 18, 2014 note addresses shoulder symptoms. The neck or cervical spine does not appear in the assessment. Additionally, the guidelines state traction wouldn't be advisable beyond three weeks absent signs and objective progress towards functional restoration. At a minimum, the Saunders cervical contraction should be rented for that short period after which a reassessment would be appropriate. However, there was no discussion of radiculopathy or discussion of cervical traction in the assessment or plan and consequently, the Saunders cervical traction for purchase is not medically necessary.

