MAXIMUS Federal Services

Case Number:	CM14-0163268		
Date Assigned:	10/08/2014	Date of Injury:	10/26/2005
Decision Date:	11/21/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/03/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 59 year old female who sustained a work related injury on 10/26/2005 as result of an unknown mechanism of injury. According to recent progress reports the patient continues to complain of neck, right shoulder and wrist constant pain, grip strength deficit and upper extremity numbness and tingling. Examination identifies tenderness over the cervical paraspinal and trapezius muscles, shoulder girdles, right shoulder rotator cuff and biceps tendon. Mild weakness is appreciated upon shoulder abduction due to pain. Provocative testing (impingement and Hawkin's) is positive for the right shoulder. Pain is elicited at the right carpometacarpal and first extensor. Physician's treatment plan includes medications, chiropractic care, cervical traction, cervical pillow, and hot and cold modalities. In dispute is a decision for cervical traction with air bladder 30-day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical traction with air bladder 30 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Clinical Rehabilitation. 25(9):814-22, 2011 Sep.

Decision rationale: There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities, such as traction, heat/ cold applications, massage, diathermy, cutaneous laser treatment, ultra- sound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. In the above referenced study, 79 patients with chronic neck pain were randomized between control (n=40) and experimental (N=39) groups with the experimental group received intermittent cervical traction while the control received infrared irradiation. Before, at 6, then 12 weeks study periods, the Northwick Park Neck Pain Questionnaire (NPQ), verbal numerical pain scale (VNPS) and cervical active range of motion were measured. No significant differences were found in any of the study parameters. As neither the ACOEM nor a primary research article supports the use of cervical traction, the medically necessity of such cannot be supported. Therefore, this request is not medically necessary.