

<b>Case Number:</b>	CM14-0172561		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	05/02/2013
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 58-year-old male who reported an injury on 05/02/2013. The injured worker was reportedly struck by a wood molding. The current diagnoses include herniated cervical disc, right knee status post surgery, left knee status post surgery, and right and left shoulder, elbow, hand, and right hip strain. The injured worker was evaluated on 10/01/2014, with complaints of constant neck pain and intermittent left eye pain. Previous conservative treatment is noted to include chiropractic therapy and TENS therapy. Physical examination of the cervical spine revealed 45 degrees forward flexion, 55 degrees extension, 50 to 55 degrees rotation, 25 degrees bending, decreased lordosis, tightness, spasm, muscle guarding, some occipital triangle tenderness bilaterally, positive Spurling's test bilaterally, and positive foramina compression test. There was decreased sensation at the C6-C8 dermatomes and decreased muscle strength in the C5-C7 dermatomes bilaterally, also noted on examination. Treatment recommendations are that time included a home cervical traction kit. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Cervical Traction Unit Kit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Traction.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state there is no high grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. The Official Disability Guidelines recommend home cervical patient controlled traction for patients who have radicular symptoms in conjunction with a home exercise program. There is no indication that this injured worker is actively participating in a home exercise program to be used in conjunction with the home traction unit. The Official Disability Guidelines do not recommend institutionally based power traction devices. It is unclear whether the provider is requesting a patient controlled traction unit or a powered traction device. The injured worker is also pending electrodiagnostic studies to establish the presence of radiculitis/neuropathy. Based on the clinical information received, the injured worker does not meet criteria for the requested durable medical equipment. As such, the request is not medically appropriate.