

Case Number:	CM14-0178545		
Date Assigned:	10/31/2014	Date of Injury:	10/13/2010
Decision Date:	12/08/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/28/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant has a cumulative trauma work injury with date of injury of 10/18/10. She continues to be treated for neck pain radiating into the upper extremities with weakness and numbness. She was seen by the requesting provider on 05/09/14. She was having right lateral elbow pain and pain at the cervicothoracic junction with radiating symptoms. Pain was rated at 2-7/10. Medications were Motrin, and Vicodin. Physical examination findings included poor posture with cervical era spinal muscle tightness and tenderness with decreased and painful cervical spine range of motion. She had right lateral elbow tenderness and pain with resisted extension. Findings appear consistent with a diagnosis of thoracic outlet syndrome. She was participating in a physical therapy program and continued treatment was recommended. Vicoprofen and Zanaflex were prescribed, with Zanaflex referenced as causing lethargy. On 09/25/14 she was having ongoing neck and right elbow pain. She was no longer having upper extremity radicular symptoms but was having bilateral hand pain radiating into her fingers. Pain was rated at 1-7/10. Medications were Vicoprofen, atenolol, Lipitor, verapamil, and Soma. Physical examination findings included positive Tinel's testing over the brachial plexus. Continued therapy one time per week for eight weeks was recommended. Approval for a "cervical cradle" and foam roller was requested. She was to continue a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical cradle: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Supports and Pillows

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for chronic cervicobrachial syndrome. Guidelines recommend use of a neck support while sleeping in conjunction with daily exercise in the treatment of chronic neck pain. In this case, the claimant's treatments have already included physical therapy with instruction in a home exercise program. However, whether the requested "cervical cradle" is intended for use while sleeping or as part of her traction treatments or for some other purpose is not specified. Therefore, the treatment as requested is not medically necessary.

Foam roller: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Physical medicine treatment; Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for chronic cervicobrachial syndrome. In terms of a home exercise program, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require specialized equipment. The requested foam roller is not medically necessary.