

Case Number:	CM14-0022246		
Date Assigned:	05/09/2014	Date of Injury:	02/13/2012
Decision Date:	07/30/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/21/2014

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 Occupational 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:

This is a 39-year-old patient with a February 13, 2012 date of injury. A December 9, 2013 progress report indicated that that patient had persistent neck, bilateral wrists and shoulder pain. She also complained of numbness and tingling in the right arm and hand. Objective findings revealed lack of three fingerbreadths from touching chin-to-chest. Physical therapy notes dated on April 23, 2012 and October 29, 2012 indicated a decreased pain level in the cervical spine from 6/10 to 4/10. She was diagnosed with musculoligamentous sprain of cervical spine, right shoulder tendinitis, right C5 cervical radiculopathy and disc bulges at C4-5, C5-6, T2-3 and T3-4. Treatment to date: medication management, physical therapy (with positive results) exercises and home over the door cervical traction unit. There is documentation of a previous February 7, 2014 adverse determination, based on a fact that there was no prior benefits of cervical traction.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CERVICAL OVER THE DOOR TRACTION UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173 - 174, tables 8-5 and 8-8.

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 and Upper Back Chapter.

Decision rationale: The Neck and Upper Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines states that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. The patient presented with persistent pain in the neck, shoulders and bilateral wrists. However, there was documentation supporting positive results with physical therapy. In addition, Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines does not support passive physical modalities. It is noted that the patient has already used cervical traction, but objective functional outcome was not assessed. Therefore, the request for a home cervical over the door traction unit is not medically necessary or appropriate.