

<b>Case Number:</b>	CM14-0026101		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	03/29/2012
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 & Rehabilitation 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 patient sustained an injury on 3/29/12. Diagnoses include Right rotator cuff tendinitis/tendinosis with partial tear s/p arthroscopic surgery on 7/18/13; Mild left shoulder rotator cuff tendinitis; Cervical sprain/ strain/ radiculopathy; and Mild right lateral epicondylitis. MRI of the cervical spine dated 8/2/12 showed a small posterior disc osteophyte complex at C4/5 and C5/6 without significant spinal canal or neural foraminal stenosis. Report of 11/18/13 noted ongoing neck and bilateral shoulder pain with treatment recommendation for cervical epidural injections and additional physical therapy. Report of 12/2/13 noted ongoing neck pain and stiffness with numbness and tingling in arms. Exam showed reduced cervical range of motion with reduced sensation at digits 2-4 in both hands. Diagnoses are unchanged with plan for cervic ESI, PT, cervical traction, and continue medications. The patient remained off work. Report of 1/23/14 noted patient's pain worsened after receiving the cervical injection. Exam showed decreased cervical range with positive axial and compression tests. Plan included PT, meds, and cervical traction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OVER THE DOOR HOME CERVICAL TRACTION UNIT (PURCHASE): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**Decision rationale:** Per ACOEM Treatment Guidelines for the upper back and neck, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. Per guidelines, cervical traction is recommended for patients with radicular symptoms, in conjunction with a home exercise program, not seen here. In addition, 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 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. MRI showed no clear neural foraminal stenosis or nerve impingement and clinical findings has no correlating dermatomal or myotomal neurological deficits identified. Submitted reports have not demonstrated the indication or medical necessity for this traction unit. Treatment plan had recommendation for cervical traction; however, follow-up report had no documented functional improvement from treatment rendered to support for purchase of DME. The over the door home cervical traction unit is not medically necessary and appropriate.