

Case Number:	CM14-0027004		
Date Assigned:	06/13/2014	Date of Injury:	02/09/2013
Decision Date:	07/15/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/06/2014

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 is licensed to practice in New York. 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 38 year old female whose date of injury is 02/09/2013. The injured worker was in an altercation with a combative shoplifter on this date. MRI of the left shoulder dated 09/23/13 is a normal study. MRI of the cervical spine dated 09/23/13 revealed right end osteophyte formation at C4-5 with right foraminal narrowing. At C5-6 there is a 4 mm diffusely bulging disc. At C6-7 there is a 2 mm diffusely bulging disc. Report dated 05/15/14 indicates that chief complaint is lumbar spine and left shoulder pain. Current medications are naproxen and muscle relaxers. Past surgical history is negative. On physical examination cervical range of motion is flexion 45, extension 50, right lateral bending 15, left lateral bending 25 degrees. Deep tendon reflexes are 2+ bilaterally. Diagnoses are left cervicothoracic strain and left shoulder strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CERVICAL TRACTION UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 chapter, Traction.

Decision rationale: Based on the clinical information provided, the request for home cervical traction unit is not recommended as medically necessary. The specific type of traction unit being requested is unclear. The injured worker's compliance with an active home exercise program is not documented. There are no specific, time-limited treatment goals provided. Therefore, the request is not in accordance with Official Disability Guidelines (ODG) recommendations.

PHYSICAL THERAPY TWO TIMES FOUR CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for physical therapy 2 x 4 cervical spine is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the injured worker's response thereto submitted for review. The number of physical therapy visits to date is not documented. California Medical Treatment Utilization schedule (MTUS) guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. There are no specific, time-limited treatment goals provided.

MOIST HEAT PAD: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Chapter, Heat/cold applications.

Decision rationale: Based on the clinical information provided, the request for moist heat pad is not recommended as medically necessary. The injured worker has previously been authorized for reusable heat/ice pack. Therefore, it is unclear why a moist heating pad is being requested at this time. There is no clear rationale provided to support the request. The Official Disability Guidelines report that insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse effects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient.