

Case Number:	CM14-0052883		
Date Assigned:	09/05/2014	Date of Injury:	04/26/2006
Decision Date:	10/08/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/21/2014

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 Orthopedic Surgeon, has a subspecialty in Pediatric Orthopedics and is licensed to practice in Texas and Colorado. 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 63-year-old male who reported injury on 04/26/2006. The mechanism of injury was not provided. The diagnoses included unspecified disorders of the bursae and tendons of the shoulder region. The prior treatments included physical therapy and surgical interventions. The injured worker underwent a subacromial decompression and rotator cuff repair on 04/08/2005 and a left shoulder arthroscopy on 02/16/2010. The injured worker underwent an MRI of the right shoulder on 07/15/2004. The mechanism of injury was cumulative trauma. The injured worker's medications were noted to include Tylenol #3, lovastatin and alprazolam. The documentation on 03/07/2014 revealed the injured worker had complaints of right shoulder pain and neck pain. The severity of symptoms was described as moderate to severe with profound limitations. The injured worker had pain radiating to the upper extremities. The physical examination revealed the examination was within normal limits. The injured worker was noted to undergo an MRI of the cervical spine on 12/15/2005 which revealed at the level of C4-5 there was a focal central 3 mm disc herniation in contact with the ventral aspect of the cord and likely the C5 ventral nerve root on the left. There was moderate left foraminal narrowing and mild spinal stenosis. The diagnoses included rotator cuff tear nontraumatic, brachial plexus neuritis and carpal tunnel syndrome. The treatment plan included a continuation of alprazolam tablets 0.5 mg 1 tablet once a day for 15 days and requesting authorization for cervical traction. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical traction: Upheld

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

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

Decision rationale: The Official Disability Guidelines recommend home cervical injured worker controlled tractions for injured workers with radicular symptoms in conjunction with a home exercise program. The clinical documentation submitted for review failed to provide a rationale for the requested intervention. There was a lack of documentation for the submitted request indicating whether the requested intervention was for purchase or rental and whether the device was injured worker controlled or a powered traction device. There was a lack of documentation indicating the injured worker would utilize it in conjunction with a home exercise program. Given the above, the request for Cervical traction is not medically necessary.