

Case Number:	CM14-0079346		
Date Assigned:	07/18/2014	Date of Injury:	04/22/2011
Decision Date:	10/02/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/29/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 67-year-old female was reportedly injured on April 22, 2011. The mechanism of injury is noted as lifting a patient. The most recent progress note, dated February 24, 2014, indicates that there are ongoing complaints of neck pain radiating to the right shoulder and right upper extremity. There were also complaints of numbness and tingling in the left Palm and left third digit. The physical examination demonstrated decreased sensation at the right C7 dermatomes and the inability to straighten up to write fourth finger. There was tenderness over the cervical spine paraspinal muscles and the cervical spine facet joints. There was slightly decreased cervical spine range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes right wrist surgery, left wrist surgery, acupuncture, physical therapy, shockwave therapy, and the use of a TENS unit. A request had been made for a cold unit, and exercise kit, and a traction device and was not certified in the pre-authorization process on April 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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, Hot/Cold Applications, Updated August 4, 2014.

Decision rationale: According to the progress note dated February 24, 2014, the injured employee is only experienced limited improvement with the use of hot/cold therapy, a home cervical traction device, and the use of therabands. Considering this, this request for a cold unit is not medically necessary.

TRACTION DEVICE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low 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, Traction, Updated August 4, 2014.

Decision rationale: According to the progress note dated February 24, 2014, the injured employee is only experienced limited improvement with the use of hot/cold therapy, a home cervical traction device, and the use of therabands. Considering this, this request for a home traction device is not medically necessary.

EXERCISE KIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, DURABLE MEDICAL EQUIPMENT

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, Exercise, Updated August 4, 2014.

Decision rationale: According to the progress note dated February 24, 2014, the injured employee is only experienced limited improvement with the use of hot/cold therapy, a home cervical traction device, and the use of therabands. Considering this, this request for an exercise kit is not medically necessary.