

Case Number:	CM14-0104816		
Date Assigned:	07/30/2014	Date of Injury:	02/24/2009
Decision Date:	01/05/2015	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/08/2014

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 Surgery 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 64-year-old male with a 2/24/09 date of injury. According to a progress report dated 10/16/14, the patient complained of numbness of the right thumb, index, long, and ring fingers. He rated his pain as a 5/6. Objective findings: very good extension of the fingers, good flexion of the fingers with some effort, improving range of motion of right thumb, limited movement of right wrist secondary to splinting. Diagnostic impression: status post right carpal tunnel release reexploration, right carpal tunnel syndrome, right de Quervain's disease, right thumb stenosing tenosynovitis, left thumb tendinitis, bilateral basal joint degenerative traumatic arthritis, left carpal tunnel median neuritis. Treatment to date: medication management, activity modification, injections, status post cervical spine surgery, status post right shoulder surgery. A UR decision dated 6/16/14 denied the request for cervical traction unit. However, the exam findings do not suggest radiculopathy. There are no significant deficits on examination to warrant the requested cervical traction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a Cervical Traction Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter - Traction

Decision rationale: ODG recommends home cervical patient controlled traction for patients with radicular symptoms, in conjunction with a home exercise program. However, CA MTUS states that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. In addition, ODG does not recommend powered traction devices. However, in the present case, the most recent progress notes provided for review do not address any cervical complaints with radiculopathy. A specific rationale identifying why this treatment modality would be required in this patient at this time, despite lack of guideline support, was not provided. Therefore, the request for Purchase of a cervical traction unit was not medically necessary.