

Case Number:	CM14-0194147		
Date Assigned:	12/01/2014	Date of Injury:	08/01/1989
Decision Date:	01/14/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/19/2014

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 Internal Medicine 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:

The injured worker (IW) is a 61-year-old woman with a date of injury of August 1, 1089. The mechanism of injury was not documented in the medical record. Pursuant to the progress reports dated October 21, 2014, the IW complains of total body fibromyalgia. She takes Vicodin 7.5mg, and Soma 350mg, which she has been taking since at least April of 2014 according to documentation. Objective physical findings revealed abduction is no more than 95 degrees on the right with tenderness along the rotator cuff with findings of impingement. Tenderness along the lateral epicondyle is noted bilaterally and medial epicondyle along the right. There is tenderness along the ulnar column on the wrist noted bilaterally. Tinel's is positive bilaterally. She can make a full fist. There were no objective findings documented referable to the cervical spine. The IW has been diagnosed with discogenic neck, apparently nerve studies at [REDACTED] showed radiculopathy, MRI was negative in 2004; discogenic lumbar condition with MRI showing bulge at L5-S1; ulnar impaction syndrome of the wrists bilaterally with some discomfort on the dorsum of the wrists bilaterally; MRI on the right showing volar ganglion in June of 2009; Impingement syndrome of the shoulder on the right with MRI 1999 and 2002 showing partial tear of the rotator cuff and acromioclavicular (AC) joint wear; carpal tunnel syndrome bilaterally; knee sprain on the left treated conservatively. The treating physician is recommending neck pillow, cervical traction with air bladder, and additional 12 sessions of physical therapy (PT) to the bilateral upper extremities and neck. There was no objective functional improvement documentation with the initial 12 sessions of PT. The IW was provided with a prescription for Vicodin 7.5mg, Soma 350mg, Terocin patches #30, and LidoPro cream, two bottles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neck Pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Page(s): 5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, Pillow

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, the neck pillow is not medically necessary. The guidelines recommend use of a neck support pillow while sleeping, in conjunction with daily exercise. Patients with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep; either strategy alone did not give the desired clinical benefit. In this case, the medical record contained a progress note dated October 21, 2014. The subjective complaints contained a review of the past treatment history to date. There were no subjective complaints. Under objective findings there were vital signs and physical findings referable to the elbow shoulder and wrist. There were no physical findings referable to the neck/cervical region. The diagnoses stated discogenic neck condition. The documentation did not contain clinical indications, clinical rationale, or subjective or objective clinical findings referable to the neck toward the use of the cervical pillow. Consequently, cervical pillow is not medically necessary.

Cervical traction unit with air bladder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC Neck & Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Page(s): 5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, Traction

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, the cervical traction unit with air bladder is not medically necessary. The guidelines recommend home cervical patient control traction for patients with radicular symptoms in conjunction with a home exercise program. In this case, the medical record contained a progress note dated October 21, 2014. The subjective complaints contained a review of the past history to date. There were no subjective complaints. Under objective findings there were vital signs and physical findings referable to the elbow shoulder and wrist. There were no physical findings referable to the neck/cervical region. The documentation did not contain clinical indications for clinical rationale of subjective or objective clinical findings referable to the neck toward the use of the cervical traction unit with air bladder. Consequently, the cervical traction unit with air bladder is not medically necessary.

Additional 12 sessions of physical therapy bilateral upper extremity and neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC Neck & Upper Back Procedure

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Page(s): 5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, Physical Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional 12 sessions of physical therapy to bilateral upper extremities and neck is not medically necessary. The guidelines recommend physical therapy to the neck. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing the physical therapy). In this case, the medical record contained a progress note dated October 21, 2014. The subjective complaints contained a review of the past history to date. There were no subjective complaints. Under objective findings there were vital signs and physical findings referable to the elbow shoulder and wrist. There were no physical findings referable to the neck/cervical region. The diagnoses stated discogenic neck condition. The documentation did not contain clinical indications or clinical rationale or subjective or objective clinical findings referable to the neck as a clinical rationale for additional physical therapy. Additionally, there was no objective functional improvement documentation based on the prior physical therapy. Consequently, additional 12 sessions of physical therapy to the bilateral upper extremities and neck is not medically necessary.