

<b>Case Number:</b>	CM14-0196095		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	04/24/2007
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Rehab, has a subspecialty in ENTER SUBSPECIALTY and is licensed to practice in ENTER STATE. 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 patient is a 66 year old female with an injury date on 4/24/07. The patient complains of right shoulder pain with popping/clicking and difficulty laying on the right side per 10/20/14 report. The patient's neck pain radiating to the bilateral arms with numbness/tingling per 10/20/14 report. The patient's bilateral shoulders remain painful with difficulty lifting the arm above the shoulder level, bilaterally per 5/29/14 report. Based on the 8/28/14 progress report provided by the treating physician, the diagnoses includes status post left shoulder arthroscopy Mumford procedure performed on September 22, 2009; right shoulder strain, impingement, tendinitis, and bursitis with fibrous adhesions, per diagnostic ultrasound study dated May 7, 2008 with history of surgery in 1995; cervical, trapezius musculoligamentous s/s with moderate to severe spondylosis with 2-3 mm disc bulges at C3-4 and 4-5mm, disc bulge at C4-5 with neuroforaminal stenosis at C5-6, per MRI scan dated April 2, 2014. The most recent physical exam on 7/15/14 showed "C-spine range of motion reduced, with extension at 35 degrees." The patient's treatment history includes medications. The treating physician is requesting home cervical traction unit. The utilization review determination being challenged is dated 11/6/14 and denies request due to a lack of long term literature revealing efficacy of the device. The requesting physician provided treatment reports from 4/29/14 to 10/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home cervical traction unit:** Overturned

**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 and Upper Back (Acute & Chronic) Chapter, Traction

**Decision rationale:** This patient presents with right shoulder pain, neck pain, bilateral arm pain. The treating physician has asked for home cervical traction unit on 4/9/14. Regarding home traction units, ACOEM states there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of such passive physical modalities. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. According to Official Disability Guidelines (ODG), cervical traction is indicated for radiculopathy due to disc herniation. In this case, the patient has a disc herniation at C3-4 and C5-6 with radicular symptoms into the arm. C-spine traction trial is indicated for radiculopathy with documented disc herniation. As such, this request is medically necessary.