

Case Number:	CM14-0196163		
Date Assigned:	12/04/2014	Date of Injury:	04/08/2013
Decision Date:	01/15/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	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 Family Medicine and is licensed to practice in North Carolina. 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 57 year old male continues to complain of neck pain stemming from a work related injury to the left shoulder, thoracic, neck and ribs on 4/8/2013. Diagnoses include degenerative disc disease; tendinosis of the rotator cuff with arthritis in the AC joint; and cervical radiculopathy. Treatments have included consultations; diagnostic x-rays and MRI imaging studies; cortisone injections; aqua therapy; physical therapy (PT); and medications management. History is noted to include left knee arthroscopic surgery in 9/2013. The work status of this injured worker (IW) is noted to be temporarily totally disable and unable to work. Progress notes, dated 7/9/2014 show that the right shoulder has been added to his claim, and that PT has been helping him feel better with his reported right shoulder, low back (left lumbar 5), neck and left knee pain. The pain the right shoulder was rated to be 8/10, and it radiated down into his arm stopping at the elbow; denying numbness or tingling. The treatment plan included refilling medications, finish PT, return to full duty, and follow up in 1 month. Orthopedic Progress notes, dated 10/16/2014, note complaints of neck pain, from a work related injury on 2/27/2012; that physical therapy or traction treatments had not been approved. Objective findings noted a positive compression test and pain with range of motion; with no limb identified. He was unable to remain working due to increased left knee complaints. The impression was recurring and increasing right shoulder symptoms primarily related to AC joint arthritis along with impingement complaints. Recommendation was for follow-up with specialist and waiting for approval for traction and PT. The 10/28/2014 Orthopedic Progress notes stated that an 11/26/2013 motor vehicle accident was discovered and seemingly causing his cervical spine complaints, and is not being covered under workers compensation. The right shoulder is noted to still be an ongoing issue with the impression for recurring and increasing right shoulder symptoms primarily related to AC joint arthritis along with impingement complaints. Recommendation was for additional injection. On

10/31/2014, Utilization Review modified, for medical necessity, a request for a home patient controlled supine or over-the-door cervical traction unit. Cited were the ODG guidelines for neck and upper back that recommends home cervical patient controlled traction with radicular symptoms, in conjunction with a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

MODIFY: HOME PATIENT CONTROLLED SUPINE OR OVER-THE-DOOR CERVICAL TRACTION UNIT PER 10/17/14 REQUEST: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) traction

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on traction: Not recommended using power traction devices, but home based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence based conservative care to achieve functional restoration. As a sole treatment, traction has not proved effective for lasting relief in the treatment of back pain. Per the ACOEM chapter on neck complaints: There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/ cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. 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. The requested service is a recommended treatment option for the treatment of cervical neck pain/radiculopathy. However the recommendations are for it to be used in adjunct to a program of evidence based conservative care. The provided documentation does not specify, besides medications, what adjunctive conservative therapy will be used with this patient. The patient has previously completed physical therapy, cortisone injections and aqua therapy but here is no mention of continuation of therapy or a home exercise program transition. Therefore all criteria for the use of home traction have not been met and the request is not medically necessary.