

Case Number:	CM14-0200158		
Date Assigned:	12/03/2014	Date of Injury:	10/11/2013
Decision Date:	01/29/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/01/2014

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 Interventional spine 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 patient is a 53 year old female with an injury date of 10/11/13. The reports are handwritten and illegible. The patient is status post left shoulder contusion with impingement, as per AME report dated 07/21/14. As per progress report dated 10/09/14, the patient complains of pain in the cervical spine and the bilateral upper extremities rated at 8/10. Physical examination, as per progress report dated 10/03/14, reveals tenderness to palpation in the cervical spine. As per AME report dated 07/21/14, the patient complains of pain in neck and upper extremities. The neck pain also radiates to mid back, upper back, and right shoulder blade. She also has pain and numbness in the right thumb and right ring finger. Physical examination reveals tenderness in bilateral trapezeus muscles along with limited range of motion across all planes in the cervical spine. There is tenderness in the left elbow medial and lateral epicondylar region. Medications include Motrin, Ultram, Prilosec and Neurontin. As per progress report dated 10/03/14, the patient has responded well chiropractic treatment. The treater is also requesting for acupuncture, as per progress report dated 09/12/14. The patient has been allowed to work with restrictions, as per progress report dated 10/09/14. MRI of the Cervical Spine, 06/30/14: 4 mm midline disc protrusion resulting in abutment of the cervical cord with a moderate degree of central canal narrowing at C5-C6. Diagnoses (not very legible), 10/09/14:- Cervical sprain/strain radiating to bilateral upper extremities- Cubital tunnel syndrome- Left shoulder sprain- Carpal tunnel syndrome. The treater is requesting for (a) HOME TRACTION UNIT (b) EXERCISE RESISTANCE CHAIR WITH FREEDOM FLEX SHOULDER STRETCHER. The utilization review determination being challenged is dated 11/07/14. Treatment reports were provided from 06/16/14 - 10/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home traction unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck and Upper Back Chapter- Traction

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) and topic Traction (mechanical).

Decision rationale: The patient presents with pain in the cervical spine and the bilateral upper extremities rated at 8/10, as per progress report dated 10/09/14. The request is for HOME TRACTION UNIT. As per AME report dated 07/21/14, the patient complains of pain in neck and upper extremities. The neck pain also radiates to mid back, upper back, and right shoulder blade. She also has pain and numbness in the right thumb and right ring finger. ODG guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Traction (mechanical)', recommends patient-controlled home traction units to patients with neck pain and radicular symptoms, in conjunction with a home exercise regimen. The guidelines state that "Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy." In this case, the progress reports are handwritten and not very legible. In progress report dated 10/09/14, the treater states that the home traction unit was helpful during the trial. The patient has cervical pain that radiates to the bilateral upper extremities. However, there is no diagnosis of radiculopathy. In fact, the AME report dated 07/21/14 states that the "There is no radiculopathy" associated with the cervical spine. Additionally, the progress reports do not discuss the home exercise regimen in detail although the treater asks the patient to continue HEP in progress report dated 10/09/14. ODG guidelines support use of home traction units only in patients with radicular symptoms in conjunction with HEP. This request IS NOT medically necessary.

Exercise resistance chair with Freedom Flex shoulder stretcher: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (acute & chronic) and topic Gym membership.

Decision rationale: The patient presents with pain in the cervical spine and the bilateral upper extremities rated at 8/10, as per progress report dated 10/09/14. The request is for EXERCISE RESISTANCE CHAIR WITH FREEDOM FLEX SHOULDER STRETCHER. As per AME report dated 07/21/14, the patient complains of pain in neck and upper extremities. The neck pain also radiates to mid back, upper back, and right shoulder blade. She also has pain and numbness

in the right thumb and right ring finger. ODG Guidelines, chapter 'Shoulder (acute & chronic)' and topic 'Gym membership', state that "While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision." ODG guidelines shoulder chapter, under home exercise kit states, however, "Recommended. See Exercises, where home exercise programs are recommended; & Physical therapy, where active self-directed home physical therapy is recommended. In this RCT a specific shoulder home exercise program resulted in 69% good outcomes versus 24% in the sham exercise group, and 20% of patients in the specific exercise group subsequently chose to undergo surgery versus 63% in the control group." The progress reports are handwritten and not very legible. The request for the exercise chair can be seen in progress report dated 10/09/14. The patient is noted to follow in home exercise program, and given the chronic upper extremity pain, the use of this special exercise equipment maybe helpful. ODG and other guidelines strongly support home exercise program, and specifically muscle building, stretching exercises for shoulder conditions. There is a support for home exercise "kit" as well, and the current request may be reasonable to support. The request IS medically necessary.