

Case Number:	CM14-0207222		
Date Assigned:	12/19/2014	Date of Injury:	08/07/2013
Decision Date:	02/13/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/10/2014

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 Practice 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 56 year old female patient who sustained a work related injury on 8/7/13 Patient sustained the injury when she was scooping mashed potatoes with the right upper extremity repeatedly, which was slightly overhead due to her height, she experienced a pop and shock in her right shoulder and experienced the onset of right shoulder pain The current diagnoses include cervical strain with radiculopathy, s/p right shoulder surgery, right lateral epicondylitis, and bilateral foot plantar fasciitis Per the doctor's note dated 11/4/14, patient has complaints of pain in the cervical region at 6-7/10 Physical examination of the cervical spine revealed tenderness on palpation and limited range of motion The current medication lists include Tramadol, Orphenadrine and Naproxen The patient has had X-ray and MRI of the right shoulder which were abnormal Diagnostic imaging reports were not specified in the records provided. The patient's surgical history include right shoulder surgery in 11/2011 Patient had received cervical ESI on 10/10/14 Any operative/ or procedure note was not specified in the records provided The patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Traction, cervical Comfortrac, for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): table 8-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 11/18/14)Traction.

Decision rationale: Per the ACOEM Guidelines cited below is "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."MTUS/ACOEM guideline does not specifically address this issue. Hence ODG used.The cited guidelines state, "Recommend home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. Not recommend institutionally based powered traction devices."Therefore there is no high grade scientific evidence to support the effectiveness of traction for this patient's neck injury. Unequivocal consistent evidence of cervical radiculopathy in this patient was not specified in the records provided The patient has received an unspecified number of conservative visits for this injury.Response to these conservative therapies was not specified in the records provided. The previous PT visit notes were not specified in the records provided.The medical necessity of the request for Traction, cervical Comfortrac, for purchase is not fully established in this patient.