

Case Number:	CM14-0209609		
Date Assigned:	12/19/2014	Date of Injury:	06/02/2009
Decision Date:	02/19/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

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 52 year old male with date of injury 06/02/09. The treating physician report dated 10/29/14 (29) indicates that the patient presents with pain affecting the neck and right shoulder. The physical examination findings reveal tenderness along the neck and rotator cuff. Prior treatment history includes shoulder surgery in 2010, hot/cold therapy, and a TENS unit. The patient is permanent and stationary. MRI findings from 2009 reveal a Hill-Sachs lesion and instability, and multilevel disc disease in the neck. EMG studies showed C6 radiculopathy. The current diagnoses are: 1. Discogenic Cervical Condition 2. Rotator Cuff Tear on the Left Status Post Repair 3. Gross Triggering of the Thumb on the Right. The utilization review report dated 11/17/14 denied the request for Cervical Traction with Air Bladder and a Cervical Pillow based on guidelines not being met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical traction with air bladder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Traction

Decision rationale: The patient presents with pain affecting the neck and right shoulder. The current request is for Cervical Traction with Air Bladder. The treating physician states, "Treatment recommendation under this claim is to suggest that he has access to neck traction with air bladder for his neck as well as a neck pillow." MTUS guidelines do not address this treatment. The ODG 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." In this case, the treating physician has not documented that the patient has radiculopathy and there is no mention of an adjunctive exercise program. This request does not state if it is for a trial, and if so for how long, or for a purchase. The current request is not medically necessary as the documentation does not satisfy the ODG guidelines. Recommendation is for denial.

Cervical pillow: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Pillow

Decision rationale: The patient presents with pain affecting the neck and right shoulder. The current request is for a Cervical Pillow. The treating physician states, "Treatment recommendation under this claim is to suggest that he has access to neck traction with air bladder for his neck as well as a neck pillow." (30) MTUS guidelines do not address pillows. The ODG guidelines state, "Recommend use of a neck support pillow while sleeping, in conjunction with daily exercise." In this case, the treating physician did not state if the patient is doing a home exercise program along with treatment. Recommendation is for denial.