

<b>Case Number:</b>	CM14-0210875		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	12/07/2007
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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. 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:

56 yr. old female claimant sustained a work injury on 12/7/07 involving the neck and arms. She was diagnosed with chronic neck pain referred to the arms. She had been treated with Lyrica and Flexeril for pain and spasms. An MRI in 2013 showed multi-level disc disease in the cervical spine. A progress note on 7/16/14 indicated the claimant the claimant had 7/10 pain. Polar freeze was ordered for reducing inflammation and a cortisone injection was given to the left elbow for pain relief. A progress note on 10/31/14 indicated the claimant had continued neck spasms and numbness in the left 5th finger. In addition, she had difficulty gripping things in her hands. Exam findings were notable for decreased range of motion of the neck and elbows. The claimant was continued on Norco, Percocet, Flexeril and Lyrica. A polar unit was ordered again along with a cervical traction unit with air bladder. A subsequent request was made for bilateral thumb spica splints.

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**Decision rationale:** There is no scientific evidence to support the use of traction as noted in the guidelines. The claimant's symptoms do not warrant a traction unit. The request for a cervical traction unit is not medically necessary.

**Polar Care for 21 Day Rental for the Cervical Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck pain and cold pack

**Decision rationale:** Cold therapy is may be applied in the first few days of symptoms. There is insufficient evidence to support its use. The rental of a cold unit for 21 days - 7 years after an injury is not medically necessary.

**Bilateral Thumb Splint:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** According to the guidelines, splinting is recommended in cases of carpal tunnel syndrome, DeQuervain's and strains. In this case, the claimant did not have the above diagnoses. The injury was 7 years ago. The request for a thumb splint is not medically necessary.