

Case Number:	CM14-0211832		
Date Assigned:	12/24/2014	Date of Injury:	01/25/2008
Decision Date:	12/21/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/17/2014

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 57 year old male, who sustained an industrial injury on 01-25-2008. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for discogenic lumbar pain with disc herniation of L5-S1, right wrist pain and inflammation, right carpal tunnel syndrome, mild left shoulder impingement, and chronic pain syndrome. Medical records (04-17-2015 to 10-15-2014) indicate ongoing intermittent neck pain. Pain levels were not rated in severity on a visual analog scale (VAS). Per the treating physician's progress report (PR), the IW has returned to work part-time. The physical exam, dated 10-15-2014, revealed tenderness across the cervical and lumbar paraspinal musculature bilaterally. Relevant treatments have included physical therapy (PT), electrical stimulation, work restrictions, and pain medications. The treating physician indicates that electrodiagnostic testing showed bilateral chronic C7 radiculopathy. The reconsideration request was submitted on 11-18-2014 for the following durable medical equipment (DME) was requested: Cervical Traction with Air Bladder. The initial denial of the DME was noted to be on 10-28-2015. The original utilization review (11-25-2014) non-certified the request for Cervical Traction with Air Bladder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment: Cervical Traction w/ Air Bladder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Cervical Spine Sections: C Traction.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Activity Alteration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter/Durable Medical Equipment (DME) Section.

Decision rationale: Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bedpans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. Per the MTUS guidelines, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. In this case, the available documentation does not provide a rationale for cervical traction in an injured worker with an old injury. There was no documentation of an acute injury that would warrant the use of traction. The request for durable medical equipment: cervical traction w/ air bladder is not medically necessary.