

<b>Case Number:</b>	CM15-0009353		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: District of Columbia, Virginia  
Certification(s)/Specialty: Internal 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 female, who sustained an industrial injury on 9/02/2011. The mechanism of injury was not noted. The diagnoses have included discogenic cervical condition, impingement syndrome of the right shoulder, status post decompression, rotator cuff repair, and modified Mumford procedure, and depression due to chronic pain. Treatment to date has included surgical intervention and conservative measures. Currently, the injured worker complains of constant pain in her neck, with motion loss, stiffness, and weather effects. She had sleep issues due to chronic pain. Her chores were minimized but she was able to cook for up to an hour. Neck flexion was 25 degrees, extension 25 degrees, tilting 15 degrees, and rotation 55 degrees on right, and 65 degrees on left. Shoulder elevation was 180 degrees bilaterally. Abduction was 130 degrees on right and 180 degrees on left. Tenderness along the shoulder was noted and along the rotator cuff and biceps, if not to the facets of the cervical spine. Recent diagnostic testing was not submitted. Current medication usage was not documented. Treatment plan included a request for neck traction with air bladder. On 1/07/2015, Utilization Review non-certified a request for purchase cervical traction with air bladder, noting the lack of compliance with MTUS/ACOEM Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase Cervical traction with air bladder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NHIC, Corp. Local Coverage Determination (LCD) for Cervical Traction Devices (L15844). Durable Medical Equipment Medicare Administrative Contractor (DME MAC) Jurisdiction A. Hingham, MA: NHIC; revised February 4, 2011.

**Decision rationale:** MTUS and ACOEM do not specifically address this device and alternate medical guidelines were sought. Currently, A cervical collar with an inflatable air bladder is considered not medically necessary. CMS has determined that such devices (e.g., Pneu-trac Traction Collar and TracCollar), which can be used with ambulation, are not reasonable and necessary.