Case Number:	CM15-0186604		
Date Assigned:	09/28/2015	Date of Injury:	02/01/2006
Decision Date:	11/09/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/22/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 56-year-old female, who sustained an industrial injury on February 1, 2006, incurring neck, upper extremities, knees and back injuries. Cervical Magnetic Resonance Imaging revealed central canal compromise and disc bulging. Electromyography studies revealed bilateral carpal tunnel syndrome. She was diagnosed with cervical radiculopathy, bilateral carpal tunnel syndrome, and internal derangement of both knees and ulnar neuropathy at the elbow. Currently, the injured worker complained of increased persistent pain in both knees, elbows, left wrist, neck and back. She noted difficulty sleeping, headaches, difficulty with activities of daily living including bathing, grooming and household chores. She had limited range of motion of the cervical spine. The treatment plan that was requested for authorization on September 22, 2015, included Dakota cervical spine traction and a left wrist brace. On September 15, 2015, a request for Dakota cervical spine traction and left wrist brace was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dakota Cervical Spine Traction, in house, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004,

Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) traction.

Decision rationale: The California MTUS does not specifically address the requested service. Per the official disability guidelines, traction as a sole treatment has not proven effective for lasting relief in the treatment of low back or neck pain. The evidence is moderate for home based patient controlled traction compared to placebo. Aetna considers auto traction devices experimental because of a lack of sufficient support of their clinical value in treating low back pain and other indications. The ACOEM chapter on neck back complaints states that traction has not proven effective for lasting relief in treating neck pain. Based on the above recommendations, the request cannot be certified as medical necessity has not been met per guidelines and the request is not medically necessary.

Left Wrist Brace, in house, purchase: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care.

Decision rationale: The California MTUS section on wrist complaints does recommend their use for the treatment of carpal tunnel syndrome. The patient has diagnosed symptomatic carpal tunnel syndrome. The patient has used this as an adjunct to other therapies. Therefore, the request is medically necessary.