MAXIMUS Federal Services

Case Number:	CM15-0045081		
Date Assigned:	03/17/2015	Date of Injury:	08/09/2012
Decision Date:	04/17/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/09/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 35 year old female, who sustained an industrial injury on 8/9/12. She reported upper extremity injury. The injured worker was diagnosed as having tear glenoid labrum of left shoulder, lateral epicondylitis left elbow, cubital tunnel syndrome left elbow, musculoligamentous sprain cervical spine with upper extremity radiculitis, carpal tunnel syndrome left wrist, carpometacarpal joint inflammation left thumb, capsulitis left shoulder and status post left shoulder arthroscopy and partial resection of glenoid labrum. Treatment to date has included arthroscopic partial resection of glenoid labrum and manipulation of left shoulder, acupuncture, oral medications including opioids, home exercise program, depo-medrol injection and physical therapy. Currently, the injured worker complains of mild to moderate left shoulder pain, limited range of motion of left shoulder, intermittent left elbow pain and decreased sensation to left thumb, constant pain in neck with radiation to left scapulae and left arm. Tenderness is noted on physical exam over the lateral epicondyle of left elbow. The treatment plan included continuation of oral medications, home exercise program and dispensing of home cervical over the door traction unit. The depo-medrol injection she received gave her improved range of motion and decreased pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Over The Door Cervical Traction Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Traction.

Decision rationale: Regarding the request for cervical traction unit, Occupational Medicine Practice Guidelines state that there is no high-grade scientific evidence to support the use of traction. They go on to state the traction is not recommended. They state that these palliative tools may be used on a trial basis that should be monitored closely. ODG states that home cervical traction is recommended for patients with radicular symptoms, in conjunction with a home exercise program. They go on to state that powered traction devices are not recommended. Guidelines go on to state that the duration of cervical traction can range from a few minutes to 30 minutes, once or twice weekly to several times per day. Additionally, they do not recommend continuing the use of these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Within the documentation available for review, there is no indication that the patient has undergone a trial of cervical traction with identification of objective functional improvement. The current request for traction is open ended with no duration specified. Guidelines do not support the open ended application of cervical traction unless there has been documentation of objective functional restoration during a 2 to 3 week trial period. In the absence of clarity regarding those issues, the currently requested cervical traction with air bladder is not medically necessary.