MAXIMUS Federal Services

Case Number:	CM15-0053117		
Date Assigned:	03/26/2015	Date of Injury:	05/09/2009
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/20/2015

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: New Jersey
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:

This 51 year old female sustained an industrial injury on 5/29/09. She subsequently reported shoulder pain. Diagnoses include chronic pain syndrome, impingement syndrome of the left knee, degenerative lumbar condition and internal derangement of the left knee. Treatments to date have included surgery, injections, TENS therapy and prescription pain medications. Diagnostic testing has included nerve conduction studies, x-rays and MRIs. The injured worker continues to experience ongoing neck, low back, left knee and right shoulder pain. A request for a Cervical Head Harness/Halter was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Head Harness/Halter: 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): 175.

Decision rationale: The MTUS ACOEM Guidelines state that cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, pre-injury activities. In the case of this worker, who had her injury years prior to this request, there is insufficient evidence to support the use of a cervical/head harness/halter. Therefore, this request will be considered medically unnecessary.