

<b>Case Number:</b>	CM15-0059445		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	05/23/2011
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 55 year old female sustained an industrial injury to the neck, bilateral shoulders and the right knee on 5/23/11. Previous treatment included diagnostics, physical therapy, aqua therapy, epidural steroid injections, and medications. In a PR-2 dated 3/2/15, the injured worker complained of cervical spine pain with radiation to the left upper extremity and bilateral shoulder and right knee pain with weakness. Physical exam was remarkable for decreased lordosis to the cervical spine, tenderness to palpation to the cervical spine and trapezius musculature with spasms and decreased sensation to the left upper extremity, bilateral shoulders with tenderness to palpation and restricted range of motion and right knee with tenderness to palpation at the mid and lateral joint line with decreased range of motion. Current diagnoses included rotator cuff syndrome, right knee osteoarthritis, right knee chondromalacia patella, thoracic spine sprain/strain, cervical spine sprain/strain and cervical spine radiculopathy. The treatment plan included pain management consultation for epidural steroid injection, cervical spine home traction and a six month gym membership for pool access.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership with heated pool for 6 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-low back chapter, gym memberships.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aqua therapy, physical medicine Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym membership and Other Medical Treatment Guidelines [http://www.nhlbi.nih.gov/guidelines/obesity/bmi\\_tbl.pdf](http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.pdf).

**Decision rationale:** The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. For pool access, the MTUS aquatic therapy and physical medicine sections were consulted. The official disability guidelines state gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The official disability guidelines go on to state Furthermore, treatment needs to be monitored and administered by medical professionals. The treating physician did not provide documentation of a home exercise program with supervision or a current height and weight. The California MTUS guidelines recommend aquatic therapy in cases of extreme obesity with active self-directed home Physical Medicine. Concerning the request for pool therapy, there is no documented height and weight. The request for Gym membership with heated pool for 6 months is not medically necessary as the injured worker does not meet criteria in the MTUS and the Official Disability Guidelines (ODG). Therefore is not medically necessary.

**Home cervical traction unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-neck and upper back chapter, traction.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Traction.

**Decision rationale:** ODG states, recommend home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. Not recommend institutionally based powered traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy. (Aetna, 2004) (Olivero, 2002) (Joghataei, 2004) (Shakoor, 2002) Patients receiving intermittent traction performed significantly better than those assigned to the no traction group in terms of pain, forward flexion, right rotation and left rotation. (Zylbergold, 1985) Other studies have concluded there is limited documentation of efficacy of cervical traction beyond short-term pain reduction. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Kjellman, 1999) (Gross-Cochrane, 2002) (Aker, 1999) (Bigos, 1999) (Browder, 2004) This Cochrane review found no

evidence from RCTs with a low potential for bias that clearly supports or refutes the use of either continuous or intermittent traction for neck disorders. (Graham, 2008) The Pronex and Saunders home cervical traction devices are approved for marketing as a form of traction. Although the cost for Pronex or Saunders is more than an over-the-door unit, they are easier to use and less likely to cause aggravation to the TMJ. Therefore, these devices may be an option for home cervical traction. (Washington, 2002) For decades, cervical traction has been applied widely for pain relief of neck muscle spasm or nerve root compression. It is a technique in which a force is applied to a part of the body to reduce paravertebral muscle spasms by stretching soft tissues, and in certain circumstances separating facet joint surfaces or bony structures. Cervical traction is administered by various techniques ranging from supine mechanical motorized cervical traction to seated cervical traction using an over-the-door pulley support with attached weights. Duration of cervical traction can range from a few minutes to 30 min, once or twice weekly to several times per day. In general, over-the-door traction at home is limited to providing less than 20 pounds of traction. The treating physician does not document radicular or neurological deficits in the upper extremities to justify traction at this time and there is no documentation of an ongoing home exercise program. As such the, request for Home cervical traction unit is not medically necessary.