

Case Number:	CM15-0061790		
Date Assigned:	04/07/2015	Date of Injury:	03/07/2014
Decision Date:	05/07/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/01/2015

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, Indiana, New York
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:

This 59-year-old female sustained an industrial injury on 3/7/14. She subsequently reported neck and right knee pain. Diagnoses include right knee degenerative medial meniscal tear, osteoarthritis and cervical strain. Diagnostic testing has included Diagnostic testing has included x-rays and MRIs. Treatments to date have included physical therapy and prescription pain medications. The injured worker continues to experience neck and right knee pain. A request for Home cervical traction unit, institutionally based powered traction device 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:

Home cervical traction unit, institutionally based powered traction device: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Pursuant to the Official Disability Guidelines, home cervical traction unit, institutionally based power traction unit is not medically necessary. The guidelines recommend home cervical patient controlled traction for patients with radicular symptoms in conjunction with a home exercise program. Institutionally based power traction devices are not recommended. Several studies demonstrated that home cervical traction could provide symptomatic relief in over 80% of patients with mild to moderately severe cervical spinal syndromes with radiculopathy. In this case, the injured worker's working diagnosis is ongoing neck and thoracic pain status post fall at work in elevator with no radicular symptoms or findings. Cervical traction is recommended for patients with radicular symptoms in conjunction with a home exercise program. The injured worker does not have radicular symptoms. Additionally, institutionally based power traction devices are not recommended. The injured worker uses a TENS that provides good relief. The injured worker uses mechanical traction that provides good relief. Subjectively, the injured worker has 7/10 pain. Objectively, as noted above, the worker does not possess radicular symptoms. Consequently, absent clinical documentation of radicular symptoms in conjunction with guideline non-recommendations for institutionally based power traction devices, home cervical traction unit (institutionally based power traction unit) is not medically necessary.