

Case Number:	CM14-0183457		
Date Assigned:	11/10/2014	Date of Injury:	05/02/2005
Decision Date:	12/16/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/04/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in New York & North Carolina. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient, a 65 year old woman, a clerical worker, claims injury 5/2/2005. She is diagnosed with lumbar disc disease. She states she has significant daily shoulder pain, right arm weakness and decreased range of motion in the right upper extremity, including abduction. She is diagnosed with right shoulder impingement syndrome, s/p repair of rotator cuff tear, lumbar discogenic disease with impingement of the L4 nerve root, discogenic cervical sprain and left elbow tendonitis. She has been managed with chiropractic care and medications, such as Naproxen, cyclobenzaprine Terocin patches, and Vicodin. She continues to work full time. Her physician is requesting an appeal of the 10/10/2014 denial of cervical traction with air bladder.

IMR ISSUES, DECISIONS AND RATIONALES

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

One cervical traction with air bladder: 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, Neck and Upper Back (acute & chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, 181.

Decision rationale: The MTUS - ACOEM treatment guidelines note that there is no high-grade scientific evidence to support the effectiveness of passive physical modalities, such as traction. Cervical traction is not medically necessary per these guidelines.