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| Case Number: | CM14-0211243 | | |
| Date Assigned: | 12/24/2014 | Date of Injury: | 10/13/2011 |
| Decision Date: | 02/27/2015 | UR Denial Date: | 12/09/2014 |
| Priority: | Standard | Application Received: | 12/17/2014 |

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. 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: 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 injured worker's date of injury is 10/13/2011. Documentation regarding the original injury were not provided; however, one consultant stated that the pain began after using a circular motion to clean glass. This patient receives treatment for chronic neck and shoulder pain. The patient received acupuncture treatments. On physical exam there was tenderness to palpation on the medial border of the scapula and at the infraspinatus muscle (laterality not stated). The medical diagnosis is bilateral shoulder acromioclavicular arthritis, biceps tendinitis, impingement, and neck strain. Medications prescribed include Hydrocodone, Metagenics, Myocalm, and naproxen. The patient had arthroscopic decompression and repair of the a rotator cuff tear of the right shoulder. The patient received physical therapy. The patient received steroid injections into the AC joint and subacromial space.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home saunder traction unit (purchase) Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 181 - 183.

Decision rationale: Practice Guidelines states the use of cervical traction is not recommended. There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. The guidelines note the use of cervical traction is not recommended. The Saunders traction unit is not medically indicated.

Physical therapy sessions for traction unit training Qty: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Physical therapy are to be used sparingly. Active therapy follows physical therapy as physical therapy sessions must be faded and then home exercise program continues. This patient already had 12 session of physical therapy. Additional PT sessions are not medically indicated.