

<b>Case Number:</b>	CM15-0114136		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	09/15/2000
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 64-year-old female who sustained an industrial injury on 09/15/2000 due to cumulative trauma. Diagnoses/impressions include cervicalgia and bilateral carpal tunnel syndrome. Treatment to date has included Aleve and chiropractic. Nerve conduction testing in 2001 was consistent with right carpal tunnel syndrome. According to the progress notes dated 5/19/15, the IW reported a flare-up of severe neck pain and bilateral hand numbness. An athletic trainer was teaching her cervical strengthening and range of motion (ROM) exercises to alleviate pain and improve her ROM. On examination, cervical spine flexion was 45 degrees, extension 40 degrees, lateral bending 15 degrees, bilaterally, and rotation 60 degrees, right and 35 degrees, left. Durkan's, Phalen's and Tinel's tests were positive bilaterally in the hands. No thenar atrophy was noted. A request was made for the purchase of one Saunders (Deluxe) cervical traction unit for ownership for use twice daily to alleviate neurological symptoms and to avoid surgery; previously, manual traction applied in chiropractic therapy relieved pain in her trapezius muscles and numbness and pain in her arms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One purchase cervical saunders traction unit for ownership:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** ACOEM states that there is insufficient evidence to support the effectiveness of cervical traction in treating pain syndromes. The records do not provide an alternate rationale as an exception to the guidelines. This request is not medically necessary.