MAXIMUS Federal Services

Case Number:	CM15-0121711		
Date Assigned:	07/02/2015	Date of Injury:	08/01/2011
Decision Date:	07/31/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/23/2015

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:

The injured worker is a 42 year old female, who sustained an industrial injury on 8/01/2011. She reported a trip and fall involving a laundry cart resulting in injury to the right shin and her shoulders. Diagnoses include left shoulder sprain/strain, right rotator cuff tear, status post right rotator cuff repair and myofascial pain in the right shin; status post left carpal tunnel release 5/7/14. Treatments to date include NSAID, physical therapy. Currently, she complained of ongoing pain rated 6/10 VAS. The records indicated prior cortisone injections to right wrist provided good relief of pain and numbness in the hands. On 4/14/15, the physical examination documented tenderness and decreased range of motion in bilateral shoulders. Tinel's and Phalen's tests were positive. There was decreased sensation and grip in the right hand. The cervical spine and trapezius muscles were noted to be tender. Trigger point injections were administered on this date. The plan of care included cervical traction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Traction: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Cervical-Traction.

MAXIMUS 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 (ODG) Neck section, cervical traction.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, cervical traction unit is not medically necessary. The ACOEM (chapter 8, pages 173 - 174) indicate there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, TENS, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. The guidelines recommend home cervical patient controlled traction for patients with radicular symptoms in conjunction with a home exercise program. The guidelines do not recommend power traction devices. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress toward functional restoration are not demonstrated. In this case, the injured worker's working diagnoses are rotator cuff tear; status post surgical January 2013; myofascial pain; shoulder sprain strain; left carpal tunnel syndrome 2012; and sleep issues/poor coping. The date of injury is August 1, 2011. The request for authorization is May 18, 2015. The first progress note a contains a request for cervical traction is dated February 2, 2015. What do a progress note dated May 14, 2015, pain in the neck is 6/10. Pain is increased, although injured worker did experience relief with the recent trigger point injection. Objectively, there is decreased sensation in the left upper extremity with tenderness palpation over the cervical paraspinal muscle groups. There is no neurologic evidence of radiculopathy on physical examination. The guidelines recommend home cervical patient controlled traction for patients with radicular symptoms in conjunction with a home exercise program. There is no documentation of radiculopathy (subjective or objectively) and there is no documentation the injured worker is engaged in a home exercise program. Consequently, absent clinical documentation with subjective and objective evidence of radiculopathy and documentation the injured worker is engaged in a home exercise program, cervical traction unit is not medically necessary.