

<b>Case Number:</b>	CM15-0078223		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	12/20/2011
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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

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 is a 51 year old male who sustained an industrial injury on 12/20/2011. The injured worker was diagnosed with left shoulder adhesive capsulitis, bursitis and tendinitis of left shoulder, cervical disc herniation with myelopathy, sleep disorder and gastritis. Treatment to date includes diagnostic testing, surgery, physical therapy (12 sessions post-op completed), Functional Capacity Evaluation (FCE) in January 2015, acupuncture therapy and medications. The injured worker is status post left shoulder diagnostic arthroscopy with lysis of adhesions, manipulation, synovectomy, labral debridement and subacromial decompression on November 6, 2014. According to the primary treating physician's progress report on March 2, 2015, the injured worker continues to experience aching neck pain with swelling and left shoulder pain that radiates from the shoulder down to his hand. Examination of the cervical spine demonstrated spasm and tenderness to palpation to the bilateral paraspinal muscles from C2-C7, bilateral suboccipital and the bilateral upper shoulder muscles. Axial compression test, distraction test and shoulder depression test was positive bilaterally. The left brachioradialis and left triceps reflexes were decreased. Examination of the left shoulder demonstrated +2 spasm and tenderness to the upper shoulder and left rotator cuff muscles. Supraspinatus test was positive on the left. Current medications are listed as Naproxen and topical analgesics. Treatment plan consists of home exercise program, medications, acupuncture therapy and the current request for a cervical traction kit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a cervical traction kit: 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, 181. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back (Acute & Chronic) Chapter, Traction (mechanical).

**Decision rationale:** The patient presents with aching neck pain with swelling and left shoulder pain that radiates from the shoulder down to his hand. The request is for PURCHASE OF A CERVICAL TRACTION KIT. The patient is status post left shoulder diagnostic arthroscopy with lysis of adhesions, manipulation, synovectomy, labral debridement and subacromial decompression on November 6, 2014. The provided RFA is dated 03/02/15 and the patient's date of injury is 12/20/11. The diagnoses include aftercare for surgery of the musculoskeletal system (left shoulder), cervical disc herniation with myelopathy, bursitis and tendinitis of the left shoulder, partial tear of the rotator cuff tendon, sleep disorder, and gastritis. Per 03/02/15 report, physical examination of the cervical spine, revealed +3 spasm and tenderness to the bilateral paraspinal muscles from C2 to C7, bilateral suboccipital muscles and bilateral upper shoulder muscles. Axial compression test is positive, bilaterally. The left brachioradialis and left triceps reflex are decreased. Treatment to date includes diagnostic testing, surgery, physical therapy (12 sessions post-op completed), Functional Capacity Evaluation (FCE) in January 2015, acupuncture therapy and medications. The patient is temporarily totally disabled. MTUS is silent on home traction devices. Therefore ACOEM and ODG were referenced. ACOEM guidelines page 173 on C-spine traction states, "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. These palliative tool may be used on a trial basis but should be monitored closely." Furthermore, page 181 ACOEM lists traction under "Not Recommended" section for summary of recommendations and evidence table 8-8. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Traction (mechanical) states: "Recommend home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. Not recommend institutionally based powered traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy. (Aetna, 2004)." Per 03/02/15 report, treater states, "A cervical spine traction kit was ordered. The patient was in the postoperative stage of therapy. Thus, treatment indicated by labor code Title 8,9792.24.3 is presumed correct. [Patient] was also taught a series of home exercises as part of the patient's education plan." Although, the patient reports radiculopathy from the neck to the hand, there is no documentation in treater reports of cervical radiculopathy. There are no electro diagnostic studies or imaging provided to corroborate radiculopathy, either. Furthermore, the request does not specify the type of home traction unit. Mechanical or powered devices are not recommended per ODG. Given the lack of support from the guidelines, the request IS NOT medically necessary

