

Case Number:	CM15-0078338		
Date Assigned:	04/27/2015	Date of Injury:	04/26/2013
Decision Date:	06/11/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/13/2015

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: Colorado

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:

The injured worker is a 44 year old female, who sustained an industrial injury on April 26, 2013. The injured worker was diagnosed as having impingement syndrome and biceps tendinitis of the shoulder on the right status post decompression, biceps tenodesis and stabilization, impingement syndrome of the left shoulder and labral biceps tendinitis for which surgery is requested status post injection, epicondylitis laterally, ulnar neuritis, discogenic cervical condition with radicular component, brachial plexus inflammation bilaterally with tenderness along the scalene musculature area, and left knee internal derangement. Treatment to date has included physical therapy, bilateral shoulder surgeries, and medication. Currently, the injured worker complains of severe neck pain and numbness, left knee pain, and gastritis which keep her up at night. The Treating Physician's report dated February 26, 2015, noted the injured worker with tenderness across the cervical paraspinal muscles, more on the left, and at the insertion of the trapezius multiple trigger points were present. The left knee was noted with pain across the joint line medially and laterally with a positive compression test. The injured worker received a trigger point injection to the left trapezius. The treatment plan was noted to include requests for authorization for medications including Flexeril, Gabapentin, Protonix, Trazodone, and Tramadol ER, MRIs of the cervical spine and left knee, cervical traction with air bladder and hot and cold wrap, and chiropractic therapy for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical traction with air bladder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Traction (mechanical).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back.

Decision rationale: The MTUS Guidelines do not specifically address traction, so the ACOEM and the ODG have been consulted. Per the ACOEM, there is not sufficient quality evidence to establish the effectiveness of modalities including traction, so traction is not a recommended therapy. Per the ODG, traction may be recommended for at home use for patient's with radicular symptoms, using an over the door device or supine device, if the traction is to be used in conjunction with a home exercise program. For the patient of concern, the records do not establish that patient has radiculopathy, and the records do not indicate that patient is or will be in home exercise program during the traction. Without evidence-based support for its use, and without evidence of home exercise program, the request for traction is not medically necessary.

Hot and Cold wrap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Cold Packs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back.

Decision rationale: The MTUS Guidelines do not address the use of hot and cold wraps, so the ACOEM and ODG have been consulted. Per the ACOEM, there is insufficient evidence available to establish the effectiveness of ice and heat application, so it is neither recommended nor recommended against. The ODG also indicates that the effectiveness of ice/heat application is not established by the evidence, but as it is generally an easy therapy with little risk of adverse effects, it can be utilized as needed for pain relief. For the patient of concern, the records indicate that the hot and cold wrap is to be used post-operatively, but there is no specific note of record that discusses the application of the wrap. While hot and cold wraps may be used, per the ODG, for pain such as patient has identified, without more information on how these are to be used, for how long, and in what circumstances, the request for hot and cold wrap is not medically necessary.

