

<b>Case Number:</b>	CM15-0095064		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	11/06/2013
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Texas, 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:

The injured worker is a 51-year-old, male who sustained a work related injury on 11/6/13. The diagnoses have included cervical discogenic condition with facet inflammation, status post concussion, right shoulder impingement, rotator cuff strain, right ulnar nerve neuritis, right carpal tunnel syndrome, bilateral forearms discomfort and depression/anxiety. Treatments have included cognitive behavioral therapy; trigger point injections into right trapezius muscle, use of a hinged elbow brace, carpal tunnel brace, hot/cold therapy, oral medications, Lidoderm patches, shoulder surgery and physical therapy. In the PR-2 dated 4/1/15, the injured worker is able to do activities such as doing the dishes and can lift more than 10 pounds with right hand. He avoids reaching overhead. He cannot sleep on right arm. He has to use his left hand to raise his right arm overhead. Abduction is about 120 degrees and has to use other arm to raise it. He has tenderness along the rotator cuff. The Hawkin's test is positive. Impingement sign is positive. He has a positive Tinel's sign at the elbow and wrist. Strength at the shoulder is improved from last visit. The treatment plan includes recommendations for an MRA of right shoulder, a referral for a physiatrist consultation, re-evaluation by a neurologist, a new neck pillow, access to a neck traction unit, for a TENS unit and braces and pads. The patient sustained the injury due to fall. The patient's surgical history includes labral repair and clavicle resection on 5/15/14 and cervical fusion. The patient has had MRI of elbow that revealed tendinosis. The medication list includes Tramadol, Naproxen, Norco, Trazodone. Topamax and Flexeril. Patient has received an unspecified number of PT visits for this injury.

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174 Initial care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 05/12/15)Traction.

**Decision rationale:** Request: Cervical traction with air bladder Per the ACOEM Guidelines cited below is "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, transcutaneous electrical neurostimulation (TENS) units, and biofeedback." MTUS/ACOEM guideline does not specifically address this issue. Hence ODG used. The cited guidelines state, "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." Therefore, there is no high-grade scientific evidence to support the effectiveness of traction for this patient's neck injury. Unequivocal consistent evidence of cervical radiculopathy in this patient was not specified in the records provided. The patient has received an unspecified number of conservative visits for this injury. Response to these conservative therapies was not specified in the records provided. The previous PT visit notes were not specified in the records provided. The medical necessity of the request for Cervical traction with air bladder is not medically necessary.