

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/19/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	6/13/2011
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004048

- 1) MAXIMUS Federal Services, Inc. has determined the request for **saunders cervical traction unit is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/7/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **saunders cervical traction unit is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventive Medicine and Occupational Medicine, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a represented [REDACTED] employee who has filed a claim for chronic neck pain, chronic shoulder pain, and bilateral carpal tunnel syndrome reportedly associated with an industrial injury of June 13, 2011.

Thus far, the patient has been treated with analgesic medications, with a history of right shoulder surgery in September 2011. The patient had wrist braces, and had a transfer of care to and from various providers in various specialties. The records show that electrodiagnostic testing of May 31, 2013 was notable for evidence of bilateral carpal tunnel syndrome. The EGD (Esophagogastroduodenoscopy) on March 15, 2013 was notable for mild gastritis and hiatal hernia. The polysomnogram on February 28, 2013 and negative for obstructive sleep apnea. The patient reported a return to regular duty work.

The most recent note of July 25, 2013 is notable for comments that the applicant reports persistent shoulder, neck, and upper extremity pain with associated sleep disturbance and gastritis. The patient has been off of work for sometime, it is stated. The patient exhibited slightly diminished shoulder range of motion with flexion to 160 degrees and 5/5 strength about the bilateral upper extremities. Recommendations are made for the applicant to pursue physical therapy while employing various medications including Vicodin, Flexeril, and tramadol. The applicant was asked to obtain wrist braces and a cervical traction unit.

A utilization review report of July 10, 2013, did approve the braces but denied the traction device.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for saunders cervical traction unit:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) pg 181, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), Initial Care section, which is part of the MTUS.

Rationale for the Decision:

As noted in the MTUS-adopted ACOEM guidelines in chapter 8, there is no high grade evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. While traction can be employed on a trial basis according to the ACOEM, in this case, there was no evidence of a prior successful trial of the traction device. The request was for purchase of the same. This is not indicated without an intervening trial, given the tepid ACOEM recommendation. **Therefore, the request for a saunders cervical traction unit is not medically necessary or appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.