MAXIMUS Federal Services

Case Number:	CM14-0172755		
Date Assigned:	10/23/2014	Date of Injury:	11/02/2002
Decision Date:	11/25/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/20/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in North Carolina. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60-year-old with a reported date of injury of 11/2/2002. The patient has the diagnoses of left hip strain, bilateral hip arthritis, low back pain, right knee sprain and left ankle sprain. Previous treatment modalities have included ankle surgery and knee surgery. Per the most recent progress reports provided by the primary treating physician dated 10/28/2014, the patient had complaints of increasing pain. The physical exam noted no specific abnormalities. Treatment plan recommendations included home gym equipment, chiropractic care, acupuncture and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment Specialized Gym Frame Full-Body Torso Traction Device Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back; Traction

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back; Traction

Decision rationale: The California MTUS does not specifically address the requested service. Per the Official Disability Guidelines, traction as a sole treatment has not proven effective for lasting relief in the treatment of low back pain. The evidence is moderate for home based patient controlled traction compared to placebo. Aetna considers auto traction devices experimental because of a lack of sufficient support of their clinical value in treating low back pain and other indications.The ACOEM chapter on low back complaints that traction has not proven effective for lasting relief in treating low back pain. Based on the above recommendations, the request is not medically necessary.