Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 6/19/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the prospective medical necessity of the purchase of a Pronex Cervical Traction Device.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has greater than 10 years of experience in this field.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☐ Upheld (Agree)

☒ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of the purchase of a Pronex Cervical Traction Device.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from the following parties:
Dr.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Dr. Denial Letter – 5/6/09; patient information; Medical Care Center referral form – 4/3/09, Medical Progress Note – 2/18/09-4/3/09, X-ray report – 3/14/09; Outpatient Imaging MRI Script & Report – 3/30/09; Dr. note – 3/7/09-4/3/09; DWC73 report; Occupational Medicine Initial Medical Progress Notes – 2/12/09; Emergency Room CT Brain and Facial Bones & X-ray Spine Cervical – 2/9/09; Dr. note – 2/12/09.

Records reviewed Denial letter – 4/28/09; RS Medical Prescription – 4/3/09, Traction Prescription – 4/3/09, Pronex literature, Price List, Request for Authorization – 4/23/09; Medical Care Center PT Progress Notes – 3/26/09-3/31/09.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient was injured when falling at work on xx/xx/xx. She has neck pain. Radiographs revealed no cervical pathology. She also has a left shoulder injury with MRI evidence of cuff tear and SLAP lesion.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
The reviewer states that the Pronex Home Trac cervical traction device is approved for marketing as a form of traction. The traction unit is supported for cervicalgia.

As per the ODG: "The Pronex and Saunders HomeTrac cervical traction devices are approved for marketing as a form of traction. The scientific evidence for the use of these devices is no better or worse as compared to an over-the-door unit. Although the cost for Pronex or HomeTrac is more than an over-the-door unit, they are easier to use and less likely to cause aggravation to the TMJ. Therefore, theses devices may be an option for home cervical traction."

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**