

Case Number:	CM13-0020086		
Date Assigned:	10/11/2013	Date of Injury:	04/08/2011
Decision Date:	01/22/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 claimant is a 54-year-old gentleman who was injured on March 6, 2012. Records indicate multiple orthopedic complaints from date of injury including a left shoulder injury, low back injury, right knee injury and a cervical injury. The records indicate that the claimant was certified for an anterior cervical decompression and fusion at the C5 through 7 levels. Clinical records specific to the claimant's cervical spine in regards to surgical intervention are unclear. At present there is a request for treatment in and about the claimant's two level cervical fusion to include role of internal medical clearance, a three day inpatient hospital stay, thirty-six sessions of postoperative physical therapy, transportation services and a home health evaluation. Further clinical records in regards to the claimant's two level surgical procedure are unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) Internal Medicine Clearance between July 31, 2013 and September 30, 2013:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Official Meducak Fee Schedule (1999 edition), Surgery General Information and Ground Rules, pages 92-93.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127.

Decision rationale: Based on California ACOEM Guidelines, the role of preoperative medical assessment prior to two level fusion would appear warranted. Given the nature of the surgical process and anesthetic utilized during the procedure, the role of preoperative assessment for physical examination/consultation is medically necessary and appropriate.

36 Post-op Physical Therapy Sessions between July 31, 2013 and September 30, 2013:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on the California MTUS Postsurgical Rehabilitative Guidelines, twelve (12) sessions of postoperative physical therapy between the dates in question would not be indicated. Guideline criteria would recommend the role of up to twenty-four sessions of therapy following a fusion procedure. The requested thirty-six sessions of therapy would exceed Guidelines and is not medically necessary and appropriate. ¶

three (3) days Inpatient Hospitalization Stay between July 31, 2013 and September 30, 2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG hospital length of stay (LOS) guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck procedures.

Decision rationale: Based on the Official Disability Guidelines a three day inpatient length of stay would not be supported. Best target practice parameters without complication per Official Disability Guideline criteria would be a one day inpatient stay for an anterior cervical discectomy and fusion. There would be nothing indicating from clinical records as to why a three day process would be indicated. Therefore the prospective request for a three (3) days Inpatient Hospitalization Stay is not medically necessary and appropriate

one (1) Transportation between July 31, 2013 and September 30, 2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Transportation (to & from appointments).

Decision rationale: The Official Disability Guideline criteria, transportation services in this case would not be indicated. While transportation services could be recommended as medically necessary for patients with disabilities preventing them from self-transport, there would be nothing indicating eight weeks of inability to perform transportation services in this case, therefore the prospective request for one (1) Transportation is not medically necessary and appropriate.

one (1) Home Health Evaluation between July 31, 2013 and September 30, 2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, a home health assessment in this case for evaluation would not appear warranted given the nature of the two level surgical fusion in question. There is nothing in the records indicating the claimant would not be ambulatory and able to go to the office for a visit. Therefore the prospective request for one (1) Home Health Evaluation is not medically necessary and appropriate.