

Case Number:	CM14-0015084		
Date Assigned:	02/28/2014	Date of Injury:	06/26/2013
Decision Date:	08/14/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/06/2014

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 Orthopedic Surgery and is licensed to practice in California and New Jersey. 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:

This is a 61-year-old female with a 6/26/2013 date of injury, when a patient attacked her and tried to strangle her. Her diagnoses include C4-5 disc herniation with spinal cord compression with bilateral upper extremity radiculopathy, s/p concussion with headaches, nausea and vomiting, sensitivity to light touch and difficulty with concentration and lightheadedness, cervical radiculopathy, and Grade I spondylolisthesis of L5 on S1. She complains of neck pain radiating to the bilateral upper extremities left worse than right, with associated numbness and tingling sensation into the upper arms consistent with C5 radiculopathy. Examination reveals weakness of the bilateral deltoids at 4/5 and bilateral biceps at 4/5. Sensation is decreased to light touch over the upper arm and shoulder area. 1/31/14 determination was modified. A C4-5 anterior cervical discectomy and fusion, pre-op internal medical clearance, and assistant surgeon were certified. A modified certification was given for 1 day inpatient stay and 12 post-op rehabilitative physical therapy. Transportation to and from the facility was non-certified. 2/27/14 operative report identified that the patient underwent a C4-5 anterior cervical discectomy and fusion. No medical reports following the surgical procedure were included for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE DAY HOSPITAL STAY: 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).

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

Decision rationale: The patient underwent a cervical fusion on 2/27/14. A prior determination appropriately modified the request to 1 day inpatient stay, which complies with ODG inpatient length of stay recommendations. There were no additional reports included providing a rationale for extending the patient's stay for additional two days. While inpatient stay for one day is appropriate following a cervical fusion, the request as made, cannot be deemed medically necessary.

POST OPERATIVE REHABILITATION PHYSICAL THERAPY TIMES 36 FOR CERVICAL: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient underwent a cervical fusion on 2/27/14. A prior determination modified the request to 12 initial physical therapy sessions, which was appropriate in the post-operative management of a cervical fusion. However, there was no indication for the medical necessity of 36 physical therapy sessions, which exceed CA MTUS post-operative physical therapy recommendations. The request as made was not medically necessary.

TRANSPORTATION TO AND FROM THE FACILITY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter. ODG states that transportation to and from medical appointments is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009) (ODG Knee Chapter).

Decision rationale: The patient underwent a cervical fusion on 2/27/14. However, the medical records did not identify a rationale for the medical necessity of transportation services. There

was no indication that the patient did not have any other form of transportation (including family members) to and from the surgical facility. Medical necessity for the requested service was not established. The requested service was not medically necessary.