

Case Number:	CM14-0031381		
Date Assigned:	04/09/2014	Date of Injury:	06/07/2006
Decision Date:	05/09/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	02/03/2014

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 Physical Medicine & Rehabilitation 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 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 injured worker is a 41-year-old female who reported an injury on 06/07/2006. The mechanism of injury was not provided for review. The injured worker's treatment history included cervical fusion at C5-6 and C6-7, left shoulder rotator cuff repair, and consideration for bariatric surgery. The injured worker was evaluated on 09/30/2013. It was documented the injured worker had difficulty swallowing since cervical spine surgery in 07/2011. The injured worker's most recent orthopedic evaluation dated 11/04/2013 documented that the injured worker had continued complaints of cervical cramping and difficulty swallowing. It was also noted the injured worker would undergo a weight loss program and gastric bypass surgery. A request was made for a laryngoscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LARYNOSCOPY: 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), Neck and Upper Back Chapter, Laryngoscopy

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

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker had a history of difficulty swallowing after cervical fusion surgery. The California Medical Treatment Utilization Schedule (MTUS) do not address this clinical situation. The Official Disability Guidelines (ODG) recommends this intervention prior to revision of anterior cervical discectomy and fusion. There is no documentation that the injured worker is a candidate for anterior cervical discectomy and fusion revision. Therefore, the need for this screening tool is not supported. As such, the requested laryngoscopy is not medically necessary or appropriate.