

Case Number:	CM14-0046622		
Date Assigned:	07/02/2014	Date of Injury:	05/06/2010
Decision Date:	08/06/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/14/2014

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 Surgeon and is licensed to practice in Texas. 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 56-year-old female who reported an injury on 05/06/2010 with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 03/31/2014, the injured worker reported left sided neck pain which radiated to her left scapula, which was exacerbated by driving, turning of head, and increased activity. It was noted that her pain was relieved by rest and Tylenol. The prior treatments included cervical surgery dated 03/29/2012, physical therapy, and prescribed medications. The physical examination of the cervical spine revealed range of motion was 20% to 25% of normal. It was also noted that she had tenderness to palpation at the left trapezius and left thoracic paraspinal muscles near scapula. It was noted that the injured worker had radiographs taken, showing C6-7 radiolucency with 2 mm motion with flexion/extension of spinous processes with suspicion of nonunion and C7-T1 degenerative spondylolisthesis. The diagnoses included a history of degenerative disc disease at C4-5, C5-6, C6-7; history of cervical spondylosis with radiculopathy at C5-6, resolved; status post anterior cervical discectomy fusion C4-C7 dated 03/29/2012; bilateral carpal tunnel syndrome, status post bilateral carpal tunnel release; impingement syndrome in the right shoulder; bilateral ulnar neuritis at the elbows, status post left ulnar nerve release; status post right ulnar nerve transposition and degenerative spondylolisthesis C7-T1. The treatment plan included a recommendation for exploration of spinal fusion with posterior spinal fusion at C6-T1 with bilateral neural foraminotomy at C6-7. The request for authorization for inpatient hospital stay 2 days was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Hospital Stay two (2) days.: 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)- Treatment & Workman's Compensation (TWC) Upper Back and Neck Procedure Summary; Official Disability Guidelines (ODG) Hospital Length of Stay Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Neck and Upper Back, Hospital length of stay (LOS).

Decision rationale: The request for inpatient hospital stay for 2 days is not medically necessary. The ODG state that the hospital length of stay is recommend based on type of surgery or best practice target for cases with no complications. For prospective management of cases, median is better choice than mean because it represents a mid-point at which half of the cases are less and half are more. The recommended length of stay for cervical fusion, posterior, is median 4 days, mean 5.7 days. The best practice target with no complications is 4 days. In the clinical notes provided for review, it was annotated that there was a recommendation for surgery for the injured worker, however, there is a lack of documentation of the authorization for the surgery. Therefore, the request for inpatient hospital stay 2 days is not medically necessary.