

Case Number:	CM14-0051603		
Date Assigned:	07/09/2014	Date of Injury:	08/24/2004
Decision Date:	09/30/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/18/2014

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. 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 patient is a 50-year-old female who has submitted a claim for longstanding history of total airway obstruction, nasal polyps, and recurrent infections of the upper respiratory tract, status post anterior cervical discectomy and fusion at C4-5 and C5-6 (06/24/2009) with questionable indications, numbness of left hand, and pre-existing cervical sprain/strain associated with an industrial injury date of 08/24/2004. Medical records from 11/05/2013 to 03/17/2014 were reviewed and showed that patient complained of constant neck pain graded 7/10 and difficulty of swallowing and extending the neck due to cervical instrumentation. Physical examination revealed limited cervical ROM with guarding, increased sensation of left forearm and digits of left hand, and trace DTRs of upper extremities. EMG/NCV study of the upper limbs dated 03/17/2014 was unremarkable. X-ray of the cervical spine dated 01/26/2012 revealed a line at the top of the graft at the upper level of the fusion and pseudoarthrosis. MRI of the cervical spine dated 03/22/2012 revealed post-surgical changes in anatomic alignment, multilevel degenerative disc disease, and C4-5 posterior bony ridging resulting in mild right sided neural foraminal narrowing. Of note, there were no co-morbidities noted. Treatment to date has included anterior C4-5 and C5-6 discectomy and fusion (2009), physical therapy, Cymbalta, Lexapro, Excedrin, Tylenol, Advil, Amitriptyline, and Diclofenac. Utilization review dated 04/04/2014 denied the request for assistant surgeon because cervical spine hardware removal does not require an assistant. Utilization review dated 04/04/2014 denied the request for medical clearance because the patient had no major medical issues to warrant a pre-operative clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant Surgeon: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: American Academy of Orthopedic Surgeons, CPT Coding (<http://www.aaos.org/news/aaosnow/feb12/managing3.asp>) and Assistant Surgery Guide, CPT Codes and Fees (<http://www.ic.nc.gov/ncic/pages/asstsurg.htm>).

Decision rationale: The California MTUS does not specifically address assistant surgeons. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the American Academy of Orthopedic Surgeons was used instead. It states that removal of old hardware has a CPT code of 22850. The Assistant Surgery Guide indicates that an assistant surgeon is necessary when doing such procedure. In this case, the patient is scheduled to undergo hardware removal at C4-C5, and C5-C6. The surgical procedure has been authorized on 4/4/2014. Guideline criteria were met. Therefore, the request for assistant surgeon is medically necessary.

Pre-operative Medical Clearance: Overturned

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) Low Back Chapter, Preoperative Testing, General.

Decision rationale: The California MTUS does not specifically address preoperative testing. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The Official Disability Guidelines states that preoperative testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The Official Disability Guidelines further states that orthopedic surgeries are considered intermediate-risk procedures. In this case, the patient is for cervical hardware removal procedure hence this request for preoperative clearance. There was no documentation of significant comorbidities. However, the medical necessity for clearance has been established given that patient is a 50-year-old female who will undergo an intermediate-risk procedure. Therefore, the request for Pre-operative Medical Clearance is medically necessary.