

<b>Case Number:</b>	CM14-0052693		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/30/2010
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 Spine Surgery 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 57-year-old male who reported an injury on 07/30/2010. Documentation indicates the injured worker was approved for an anterior cervical discectomy and fusion at C3-C4, along with an assistant surgeon and preoperative internal medicine evaluation and clearance as well as inpatient hospitalization for one day, a cervical orthosis and 12 post-operative physical therapy (PT) visits. The requests for inpatient hospitalization for 2 to 3 days, 24 sessions of post-operative PT, and transportation to and from the facility were denied. The mechanism of injury was cumulative trauma. Prior treatments included an anterior posterior fusion and decompression of L5-S1 on 05/01/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient hospitalization for 2-3 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), Neck and Upper Back Chapter.

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

**Decision rationale:** The Official Disability Guidelines indicate a stay for an anterior cervical fusion is 1 day. Clinical documentation indicated the injured worker was approved for an anterior cervical discectomy and fusion at C3-C4. There was lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for inpatient hospitalization for 2 to 3 days is not medically necessary.

**Post-operative physical therapy, QTY: 24 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 26.

**Decision rationale:** The California MTUS Postsurgical Treatment Guidelines indicate that the postsurgical treatment for a discectomy/laminectomy fusion is 24 visits. The initial course of therapy is half the recommended number of visits. The request for 24 visits without re-evaluation after the first 12 would be excessive. The request would be supported for an initial 12 visits. Given the above, the request for post-operative physical therapy x 24 sessions is 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 Official Disability Guidelines (ODG), Knee Chapter.

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

**Decision rationale:** The Official Disability Guidelines recommend transportation to and from appointments for medically necessary transportation within the same community for injured workers with disabilities preventing them from self-transport. There was a lack of documentation indicating that the injured worker had disabilities preventing him from self-transport and did not have a family member that could transport him. Given the above, the request for transportation to and from the facility is not medically necessary.