

Case Number:	CM14-0054937		
Date Assigned:	07/07/2014	Date of Injury:	09/26/2011
Decision Date:	08/07/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/24/2014

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 New York. 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:

Patient is a 43 rolled who sustained an injury on September 26, 2011. The patient had ACDF surgery in April 2012. CAT scan of the cervical spine from July 2013 show postsurgical changes involving C5 and C6. Bony fusion was present. The patient continues to have chronic neck pain. Physical examination has remained normal over the past 6 months. The patient shows tenderness to palpation the neck area. There is weakness in the right triceps and the right hand. Reflexes were diminished. X-ray show break through the midportion of the titanium plate and the anterior cervical spine. Flexion-extension views revealed gross motion. The patient hasn't been diagnosed with pseudoarthrosis. At issue is whether C5-C6 fusion and instrumentation is medically necessary. Also at issue is whether other associated items with surgery medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Upper limb orthosis: Upheld

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: Mtus page 186.

Decision rationale: This patient submitted documentation of anterior cervical broken plate and possible pseudoarthrosis. The patient has chronic neck pain. There is no role for upper limb orthosis. Based on the documentation submitted the request for upper limb orthosis is not medically necessary and appropriate.

Hot/Cold therapy unit with wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, (updated 03/07/2014) , Continuous-flow cryotherapy.

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.

Decision rationale: Literature does not established effectiveness of hot cold wraps for the treatment of degenerative neck pain. The request for Hot/Cold therapy unit with wrap is not medically necessary and appropriate.

Pad for water circulating heat unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, (updated 03/07/2014) , Continuous-flow cryotherapy.

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: Odc neck pain chapter.

Decision rationale: Literature does not support the effectiveness of water circulating unit for the treatment of degenerative neck pain. The request for for water circulating heat unit is not medically necessary and appropriate.