

<b>Case Number:</b>	CM14-0077228		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Orthopaedic 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:

This 52-year-old male retired deputy sheriff sustained an industrial injury on 2/15/12. The mechanism of injury was not documented. Past medical history was positive for hypertension. The 4/23/14 cervical MRI documented multilevel cervical disc bulges/osteophyte complexes causing foraminal narrowing and encroachment on the exiting nerve roots. There was severe foraminal narrowing noted at C4/5, C5/6, and C6/7. X-rays documented moderate disc space narrowing at C4/5 and severe disc space narrowing at C5/6, C6/7, and C7/T1. The 5/13/14 treating physician report cited neck pain radiating down the left arm to the hand with numbness, tingling, and weakness. Physical exam documented decreased C5, C6, and C8 dermatomal sensation on the left. There was 3/5 to 4/5 strength in bilateral shoulder abduction, elbow flexion/extension, wrist extension, and finger abduction. Reflexes were diminished to 1+ at the biceps. The patient had failed conservative treatment. Surgery was recommended to include C4-T1 anterior cervical discectomy and fusion due to moderately severe stenosis and progressive upper extremity weakness. The 5/22/14 utilization review certified a request for C4-T1 anterior cervical discectomy and fusion. The requests for 3-in-1 commode, cold therapy unit, pneumatic compression device, and soft collar were denied due to lack of guideline support. The request for 3-day hospital stay was modified to 1-day hospital consistent with guidelines. The request for post-op physical therapy 3 times 6 was modified to an initial 12 visits consistent with guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 in 1 commode:** 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 Official Disability Guidelines (ODG) Knee and Leg, Bathtub seats.

**Decision rationale:** The California MTUS and Official Disability Guidelines are silent regarding this durable medical equipment for use following cervical surgery. The Official Disability Guidelines state that certain DME toilet items (commodes) are medically necessary if the patient is room-confined or when prescribed as part of a medical treatment plan for injury or conditions that result in physical limitations. Bathtub seats are considered a comfort or convenience item, hygienic equipment, & not primarily medical in nature. Guideline criteria have not been met. There is no indication that the patient will be room-confined or require a commode chair. Therefore, this request is not medically necessary.

**Cold Therapy Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC.

**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, Continuous flow cryotherapy.

**Decision rationale:** The California MTUS guidelines do not provide recommendations relative to this device. The Official Disability Guidelines do not recommend the use of continuous flow cryotherapy following cervical surgery. There is no compelling reason submitted to support the medical necessity of this device in the absence of guideline support. Therefore, this request is not medically necessary.

**Pneumatic intermittent compression device:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC.

**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 - Lumbar & Thoracic, Shoulder, Venous thrombosis.

**Decision rationale:** The California MTUS and Official Disability Guidelines do not provide specific recommendations for DVT prophylaxis for patients undergoing cervical surgery. In general, the ODG recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Guideline criteria have not been met. There were no significantly increased DVT risk

factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this request is not medically necessary.

**Solar Collar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC.

**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, Cervical collar, post-operative (fusion).

**Decision rationale:** Under consideration is a request for a soft cervical collar. The California MTUS guidelines are silent regarding post-operative cervical collars. The Official Disability Guidelines state that cervical collars may be appropriate where post-operative and fracture indications exist, or in the emergent setting. The use of a cervical collar would be appropriate for this patient and supported by guidelines following surgery. The 5/22/14 utilization review certified a hard cervical collar. There is no compelling reason to support the medical necessity of another cervical collar. Therefore, this request is not medically necessary.

**3 Stay Hospital Stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC.

**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, Hospital length of stay (LOS).

**Decision rationale:** The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for anterior cervical fusion is 1 day. The 1/22/14 utilization review modified the request for 3 day hospital stay and certified 1 day. There is no compelling reason to support the medical necessity beyond guideline recommendations and the 1 day hospital stay previously certified. Therefore, this request is not medically necessary.

**Post Op physiotherapy 3 times 6 (cervical):** Upheld

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

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

**Decision rationale:** The California Post-Surgical Treatment Guidelines for surgical treatment of lumbar fusion suggest a general course of 34 post-operative physical medicine visits over 26 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course, or 17 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. Guideline criteria have not been met. The 5/22/14 utilization review recommended partial certification of 12 initial post-op physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request is not medically necessary.