

Case Number:	CM14-0085551		
Date Assigned:	07/23/2014	Date of Injury:	01/27/2004
Decision Date:	08/27/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/09/2014

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 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 52-year-old female who reported an injury on 01/27/2004. The mechanism of injury was not stated. The current diagnoses include status post C4-7 anterior cervical discectomy with disc replacement at C4-5, retained symptomatic cervical hardware, status post right shoulder arthroscopic surgery and Mumford procedure, left shoulder impingement syndrome with AC joint arthrosis, status post right de Quervain's/carpal tunnel release, status post left de Quervain's/carpal tunnel release, and right trigger thumb. The injured worker was evaluated on 04/16/2014 with complaints of persistent symptoms in the shoulder and cervical spine. It is noted that the injured worker is status post C5-7 Anterior Cervical Discectomy and Fusion (ACDF). Previous conservative treatment was not mentioned at that time. Physical examination of the cervical spine revealed paravertebral muscle spasm with tenderness and positive axial loading compression test. X-rays obtained in the office on that date indicated solid bone incorporation at C5-7 without hardware failure. The injured worker was administered a sub acromial injection on that date. Treatment recommendations included removal of hardware at C5-7 with inspection of the fusion and possible regrafting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery: C5-C7 removal of cervical spine hardware with inspection of fusion mass and possible regrafting: 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 Low Back Procedure Summary last updated 3/31/14.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hardware implant removal (fixation).

Decision rationale: California MTUS/ACOEM Practice Guidelines state, "A referral for surgical consultation is indicated for patients who have persistent and severe shoulder or arm symptoms, activity limitation for more than 1 month, clear clinical, imaging and electrophysiologic evidence of a lesion, and unresolved radicular symptoms after conservative treatment." Official Disability Guidelines do not recommend the routine removal of hardware implanted for fixation, except in the case of broken hardware or persistent pain after ruling out other causes of pain. As per the documentation submitted, there is no mention of an exhaustion of conservative treatment. There is also no evidence of a significant musculoskeletal or neurological deficit upon physical examination. There is also no evidence of broken hardware, nor is there any mention of the exclusion of other causes of pain, such as an infection or nonunion. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary.

2-3 days inpatient 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 Neck and Upper Back Procedure Summary last updated 4/14/14, ODG Hospital Length Stay (LOS) Guidelines: Discectomy/ Corpectomy.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines, Assistant Surgeon Guidelines; and American Association of Orthopedic Surgeons. July 1987, revised August 1988, reviewed June 2010, American Academy of Orthopedic Surgeon.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Medical Clearance with internist: 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 last updated 5/10/13.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.