

Case Number:	CM14-0193609		
Date Assigned:	12/01/2014	Date of Injury:	10/02/2000
Decision Date:	01/16/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/19/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 79-year-old male with a 10/2/00 date of injury. The patient was seen on 12/8/14 with complaints of severe neck pain and pain in both shoulders, particularly in the right shoulder. Exam findings revealed limited range of motion of the neck, painful cervical compression test without radiation and intact sensation, DTRs and motor strength. The examination of the shoulder revealed limited range of motion, positive impingement sign and crepitus on passive circumduction of the shoulder. The patient stated that PT did not help him and he wanted to consider a surgery. The diagnosis is status post anterior cervical discectomy and fusion x3 with revisions, right shoulder tendinopathy with sprain/strain. Treatment to date: anterior cervical discectomy and fusion x3 with revisions, work restrictions, PT and medications. An adverse determination was received on 10/22/14. The request for one neurosurgeon re-evaluation for the cervical spine was denied given that the records did not indicate severe and disabling shoulder or arm pain, activity limitations, extreme progression of symptoms, or unresolved radicular symptoms after receiving conservative treatment. The request for twelve additional physical therapy sessions was denied; however the determination page was not available for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One neurosurgeon re-evaluation for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179 - 180.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Clinical Topics: Chapter 6- Independent Medical Examinations and Consultations, (page127, 156) Official Disability Guidelines (ODG) (Pain Chapter) Office Visits

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In addition, ODG stated that office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. However, the physical examination of the cervical spine did not reveal any red flag subjective findings, which would require an additional neurosurgeon reevaluation. In addition, the dates of the patient's surgery and the mechanism of the injury were not available for the review. Lastly, given that the patient's injury was over 14 years ago and he did not report any new trauma to the cervical spine it is not clear, why the patient needed an additional neurosurgical consultation. Therefore, the request for one neurosurgeon re-evaluation for the cervical spine is not medically necessary.

Twelve additional physical therapy sessions: 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), Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The progress note dated 12/8/14 indicated that PT did not help the patient. In addition, the number of accomplished sessions was not available for the review. Additionally, the request did not specify if the treatment was requested for the neck, the right shoulder or both. Lastly, there is no rationale with clearly specified goals for the patient from an additional PT sessions. Therefore, Twelve additional physical therapy sessions the request for is not medically necessary.