

Case Number:	CM14-0206409		
Date Assigned:	12/18/2014	Date of Injury:	11/27/2007
Decision Date:	03/03/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas

Certification(s)/Specialty: Orthopedic Surgery

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 54-year-old female with a reported date of injury of 11/27/2007. The mechanism of injury was not provided. The injured worker maintains diagnoses of status post C3-6 hybrid reconstruction on 07/13/2012, lumbar discopathy, bilateral shoulder pain, bilateral carpal tunnel syndrome, right knee internal derangement, left knee internal derangement, status post left foot 4th and 5th phalanx fracture, and low back pain. On 09/30/2014, the injured worker presented with complaints of persistent cervical pain and chronic dysphasia. Upon examination of the cervical spine, there was tenderness at the cervical paravertebral muscles and upper trapezius muscle with spasm, palpable tenderness over the top of the retained hardware, pain with terminal motion, and intact sensation and motor strength. Surgical intervention was requested at that time. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Status post removal of C5-C6 hardware: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181. 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, severe and disabling 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 receiving conservative treatment. The Official Disability Guidelines do not recommend hardware implant removal, except in the case of broken hardware or persistent pain after ruling out other causes, such as infection and nonunion. There was no evidence of a significant musculoskeletal or neurological deficit upon physical examination. There was no mention of an exhaustion of conservative treatment. There were no imaging studies or diagnostic x-rays submitted for this review. Based on the clinical information received and the above mentioned guidelines, the request is not medically appropriate.

Home Health Aid 3 x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.