

Case Number:	CM15-0000814		
Date Assigned:	01/12/2015	Date of Injury:	03/15/2011
Decision Date:	04/07/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/05/2015

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: New York, New Hampshire, Washington
 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 63-year-old male, who sustained an industrial injury on March 15, 2011. He has reported neck and shoulder injury. The diagnoses have included brachial neuritis, DeQuervains/radial styloid tenosynovitis, shoulder region disease, carpal tunnel syndrome. Treatment to date has included medications, radiological imaging, anterior cervical discectomy and fusion with instrumentation from C4-C7 with artificial disc replacement on September 13, 2013. Currently, the IW complains of neck pain attributed to the retained hardware, and severe progressing dysphagia. He has constant pain in the left shoulder, with associated headaches. Physical findings on December 1, 2014 are tenderness and muscle spasm in the neck, tenderness in the shoulder, positive Hawkins and impingement signs a magnetic resonance imaging of the shoulder on July 29, 2014, reveals tears of the anterior and posterior labrum and inferior glenohumeral ligament, and supraspinatus tendinosis or tear. Radiological imaging of the cervical spine is not available for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4 to C7 Removal of the Cervical Spine Hardware with Inspection of Fusion Mass and Possible Regrafting of Screw Holes: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 186.

Decision rationale: The medical records do not clearly establish the diagnosis of failure of fusion. There is no imaging report that clearly indicates failure of fusion. There is no hardware block. There is no documentation of a recent trial and failure of conservative measures to include PT. MTUS guidelines for cervical spine surgery not met. More conservative measures are needed. More diagnostic workup is needed to establish the diagnosis.

Inpatient Stay; 2-3 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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.

Medical Clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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.