

Case Number:	CM15-0013109		
Date Assigned:	01/30/2015	Date of Injury:	06/10/2014
Decision Date:	04/07/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/22/2015

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: California

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 56-year-old female, who sustained an industrial injury on June 10, 2014. She has reported the injury while moving furniture. The diagnoses have included left shoulder C8 radiculopathy with rotator cuff tendonitis. Treatment to date has included physical therapy, medication, left shoulder arthroscopic rotator cuff repair and medication. Exam 12/19/14 demonstrates the injured worker complains of left shoulder pain. The pain is located in the posterior of the shoulder and does radiate laterally down the lateral aspect of the arms to the forearm. On examination, the cervical spine had a decreased range of motion in extension and rotation with a positive Spurling's sign to the left. An MRI of the cervical spine demonstrates significant left neural foraminal stenosis at C4-8. The evaluating physician noted the impression that they majority of the injured worker's symptoms were coming from her cervical spine. On December 30, 2014 Utilization Review non-certified a request for C5-6 anterior cervical discectomy fusion, surgical assistant, pre-operative laboratories and electrocardiogram, initial post-operative physical therapy x 12 for the cervical spine, noting that the documentation submitted failed to demonstrate that the injured worker had exhausted all forms of conservative care prior to the request for surgical intervention. Because the surgery was non-certified all associated requests were non-certified. The California Medical Treatment Utilization Schedule was cited. On January 22, 2015, the injured worker submitted an application for IMR for review of C5-6 anterior cervical discectomy fusion, surgical assistant, pre-operative laboratories and electrocardiogram, initial post-operative physical therapy x 12 for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 Anterior Cervical Discectomy Fusion: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 8, Neck and Upper Back complaints, pages 180-193 states that surgical consultation is indicated for persistent, severe and disabling shoulder or arm symptoms who have failed activity limitation for more than one month and have unresolved radicular symptoms after receiving conservative treatment. In this case the exam notes from 12/19/14 do not demonstrate any conservative treatment has been performed for the claimant's cervical radiculopathy. Therefore the determination is for non-certification.

Surgical Assistant: 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) Treatment Index, 11th Edition (web), 2014 Low Back, Surgical assistant.

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.

Pre-op labs and EKG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014, Low Back, Preoperative electrocardiogram (ECG).

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.

Initial postoperative Physical Therapy x12 for the cervical spine: Upheld

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

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.