

Case Number:	CM15-0195406		
Date Assigned:	10/13/2015	Date of Injury:	03/11/2014
Decision Date:	12/02/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/05/2015

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, Montana,
 California Certification(s)/Specialty: Neurological
 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 61 year old male, who sustained an industrial injury on 3-11-14. The injured worker is being treated for cervical radiculopathy. (MRI) magnetic resonance imaging of cervical spine performed on 6-30-15 revealed C5-6 disc herniation and (MRI) magnetic resonance imaging of right shoulder revealed postoperative changes of right shoulder. Treatment to date is not documented. On 7-16-15 the injured worker complained of dull achy, moderate neck and right shoulder pain and on 9-16-15, the injured worker complains of neck pain with radiation to both hands as well as low back pain; he notes minimal improvement since with anti-inflammatories, physical therapy and right shoulder surgery. He is currently not working. Physical exam performed on 7-16-15 revealed moderate muscle guarding and 120 degree abduction of shoulder and on 9-16-15 revealed tenderness to palpation over the paraspinal musculature with normal range of motion and no tenderness to palpation over the spinous processes. The treatment plan included recommendation for 3 day inpatient stay for associated surgical services, postoperative physical therapy 2 times a week for 8 weeks, pre-operative chest x-ray, PTT, INR, Chem panel, history and physical, EKG, CBC and UA. On 10-5-15 request for 3 day inpatient stay for associated surgical services, postoperative physical therapy 2 times a week for 8 weeks, pre-operative chest x-ray, PTT, INR, Chem panel, history and physical, EKG, CBC and UA was modified to 1 day inpatient stay, 12 post-operative physical therapy sessions, history and physical, EKG, chem panel, CBC and UA.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services; 3 day 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 (ODG) Treatment in Workers Compensation (TWC); Neck & Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter- Hospital length of stay (LOS).

Decision rationale: The ODG guidelines note the best practice target with no complications is one day (LOS). The guidelines provide that the actual data shows a median (LOS) is one day. The mean is 2.2 days. The requested treatment: Associated Surgical Services; 3 day Inpatient stay is thus not medically necessary and appropriate.

Post operative; Physical therapy 2 times a week for 8 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter- Physical therapy.

Decision rationale: The ODG guidelines recommend post operative physical therapy. For a patient who has undergone an anterior cervical fusion the 24 visits over 16 weeks following the principle of fading. The requested treatment: Post operative; Physical therapy 2 times a week for 8 weeks is not medically necessary and appropriate.

Pre-operative Chest x-rays: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter- preoperative testing, general.

Decision rationale: The ODG guidelines do recommend chest radiography under certain circumstances. They state "Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management." Documentation does not contain this evidence. The requested treatment: Pre-operative Chest x-rays is not medically necessary and appropriate.

Pre-operative lab: PTT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter-Preoperative lab testing.

Decision rationale: The ODG guidelines do recommend a coagulation profile if the patient has a history of bleeding or medical conditions that would predispose to blood loss. The guidelines state: "Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants." Documentation does not contain this evidence. The requested treatment: Pre-operative lab: PTT is not medically necessary and appropriate

Pre-operative lab: INR: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter-Preoperative lab testing.

Decision rationale: The ODG guidelines do recommend a coagulation profile if the patient has a history of bleeding or medical conditions that would predispose to blood loss. The guidelines state: "Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants." Documentation does not contain this evidence. The requested treatment: Pre-operative lab: INR is not medically necessary and appropriate.

Pre-operative lab: Chem Panel: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter-Preoperative lab testing.

Decision rationale: The ODG guidelines note that electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management. The requested treatment: Pre-operative lab: Chem Panel is not medically necessary and appropriate.