

Case Number:	CM15-0028078		
Date Assigned:	02/20/2015	Date of Injury:	04/25/2014
Decision Date:	04/21/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/13/2015

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: Pediatrics, 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 an 82-year-old male who reported an injury on 04/25/2014. The mechanism of injury involved a motor vehicle accident. The current diagnoses include cervical stenosis and quadriparesis. The injured worker presented on 12/04/2014 for an evaluation with complaints of persistent neck pain with radiating symptoms into the bilateral upper extremities. The injured worker also reported tremors, weakness, daily headaches, and low back pain with radiation into the bilateral lower extremities. Intermittent urinary urgency and incontinence were also reported. Upon examination, there was moderately limited cervical range of motion to approximately 50% of normal in all planes, 1+ deep tendon reflexes, decreased sensation in the forearms bilaterally, marked tenderness at the thoracolumbar junction, moderate paraspinal spasm, and diminished deep tendon reflexes in the lower extremities with 2+ pitting edema. Recommendations at that time included cervical and lumbar surgery. Prior to surgery, the provider indicated that the injured worker would require pulmonary and cardiology consultation for clearance. A request for authorization form had been previously submitted on 08/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: 2 Days Inpatient Stay: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Hospital Length of Stay (LOS).

Decision rationale: The Official Disability Guidelines indicate, the median length of stay following an anterior cervical fusion includes 1 day. The current request for a 2-day inpatient stay would exceed the guideline recommendations. There were no exceptional factors noted. As such, the request is not medically appropriate in this case.

Associated Surgical Service: Vascutherm DVT Unit Rental 1 Month: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Venous Thrombosis.

Decision rationale: The Official Disability Guidelines recommend monitoring the risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment and identifying subjects who are at a high risk of developing venous thrombosis. The incidence of upper extremity DVT is much less than that of a lower extremity DVT. There was no indication that this injured worker was at high risk of developing a postoperative DVT. Additionally, there was no mention of a contraindication to oral anticoagulation prior to the request for a motorized mechanical device. Given the above, the request is not medically appropriate.