

Case Number:	CM15-0044639		
Date Assigned:	03/16/2015	Date of Injury:	07/11/2008
Decision Date:	04/22/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/09/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 female, who sustained an industrial injury on 07/11/2008. She has reported injury to the bilateral knees, right ankle, neck, and upper back. The diagnoses have included right knee strain; left knee strain; right ankle strain; cervical spine anterolisthesis; and thoracic spine strain. Treatment to date has included medications. Medications have included Gabapentin and Ketoderm cream. A progress note from the treating physician, dated 01/15/2015, documented a follow-up visit with the injured worker. Currently the injured worker complains of pain in the neck, upper back, right knee, left knee, and right ankle. Objective findings included light-touch sensation to the left mid-anterior thigh, left mid-lateral calf, and left lateral ankle is intact. The treatment plan has included acupuncture, C5-6 and C6-7 anterior cervical discectomy and fusion, and follow-up evaluation. Request is being made for Post-operative Orthopedic Follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Orthopedic Follow-up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a surgery evaluation with a specialist. The documentation should include the reasons, the specific goals and end for using the expertise of a specialist. The patient was not approved for surgery and the request is not justified and is not medically necessary.