

Case Number:	CM15-0046037		
Date Assigned:	03/18/2015	Date of Injury:	07/25/2010
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/11/2015

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
 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 55 year old female who sustained an industrial injury on July 25, 2010. The injured worker was diagnosed with mild left shoulder adhesive capsulitis, right medial and lateral epicondylitis and cubital tunnel syndrome, right carpal tunnel syndrome, left carpal tunnel syndrome and tendinitis, cervical radicular syndrome, and cervical disc protrusion C5, C6 and C7 with degenerative changes. The injured worker is status post left shoulder arthroscopic surgeries in June 2011, November 2011, and April 2013 and status post right shoulder arthroscopy in October 2013. X-rays were performed on December 18, 2014 of the bilateral wrists and elbows. No recent cervical magnetic resonance imaging (MRI) was noted. According to the primary treating physician's progress report on February 12, 2015, the injured worker continues to experience neck pain with radiation into both shoulders. Examination of the cervical spine demonstrated tenderness to palpation over the upper, mid and lower paravertebral and trapezius muscles. There was decreased cervical range of motion with increased pain. Patchy decreased sensation was noted in the bilateral upper extremities. Current medications are not listed. The injured worker has continued with her home exercise program. Requested treatment is for surgical intervention with an anterior cervical fusion at C5-7 with pre-operative clearance, and postoperative physical therapy and cervical collar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine surgery/ACF at C5-6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179, 180.

Decision rationale: The California MTUS guidelines note that surgical consultation is indicated if the patient has persistent, severe and disabling shoulder and arm symptoms. The documentation shows this patient has been complaining of pain in the neck and upper shoulders. Documentation does not disclose disabling shoulder and arm symptoms. The guidelines also list the criteria for clear clinical, imaging and electrophysiological evidence consistently indicating a lesion, which has been shown to benefit both in the short and long term from surgical repair. Documentation does not show this evidence. The requested treatment is for an anterior cervical fusion. The guidelines note that the efficacy of fusion without instability has not been demonstrated. Documentation does not show instability. Moreover, the EMG/NCVs of 05/08/2014 did not show any evidence of radiculopathy, only a moderate right carpal tunnel syndrome. The requested anterior cervical fusion at C5-6-7 is not medically necessary and appropriate.

Associated service: Pre-operative clearance: Upheld

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

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.

Associated service: DME cervical collar: Upheld

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

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.

Associated service: Post-operative physical therapy times twelve for the cervical spine, bilateral elbows and wrists: Upheld

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

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.