

Case Number:	CM15-0085464		
Date Assigned:	05/08/2015	Date of Injury:	03/08/2013
Decision Date:	06/18/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/05/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 52 year old male, who sustained an industrial/work injury on 3/8/13. He reported initial complaints of pain to bilateral shoulders and neck. The injured worker was diagnosed as having cervical spinal stenosis, disorders of bursae and tendons in shoulder region, cervicgia. Treatment to date has included medication, diagnostics, surgery (bilateral C5-6 and C6-7 anterior discectomy and fusion on 2/3/14). MRI results were reported on 3/18/13 revealed right shoulder moderate cuff tendinopathy, no full thickness tear, and moderate AC (acromioclavicular) arthrosis. Left shoulder has high grade partial tear. MRI of left shoulder on 11/4/14 revealed marked partial thickness tear of the distal supraspinatus tendon without significant change, stable degenerative changes and spurring around the AC joint, no labral tear, stable degenerative findings. X-Rays results were reported on 3/9/15 that demonstrated evidence of decompression, intact spinal instrumentation with stable alignment and progressive fusion. Currently, the injured worker complains of neck pain rated 8/10, some shoulder pain, and denies significant arm pain. A neck brace provides relief when worn. There was some difficulty with swallowing but improving. Per the primary physician's progress report (PR-2) on 3/9/15, examination reveals well healed scar, no numbness, normal gait, normal upper extremity motor strength, reflexes, and sensory function. Current plan of care included gentle home range of motion exercises and ambulation for rehab. The requested treatments include orthopedic pillow and nose and throat referral evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic pillow: 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) [www.odgtreatment.com]www.odgtreatment.com Work loss data institute [www.worklossdata.com]www.worklossdata.com neck chapter, pillow.

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

Decision rationale: Pursuant to the Official Disability Guidelines, orthopedic pillow is not medically necessary. The guidelines recommend use of a neck support pillow while sleeping in conjunction with daily exercise. Subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep. Either strategy alone did not give the desired clinical benefit. In this case, the injured worker's working diagnoses are rotator cuff dis; dysphagia; spinal stenosis cervical; disorders of bursa and tendons in shoulder region unspecified; spinal stenosis cervical; pain joint shoulder region; and cervicgia. The injured worker is status post C5 - C6 and C6 - C7 anterior cervical discectomy (ACDF). The worker status post left shoulder arthroscopy February 18, 2015. The request for authorization is dated April 20, 2015. The most recent progress note in the medical record is dated April 17, 2015. There is no discussion in the treatment section regarding a clinical indication or rationale for an orthopedic pillow. The documentation states additional physical therapy is required and Norco should be changed to Percocet. Consequently, absent clinical documentation with a clinical indication for an orthopedic pillow, orthopedic pillow is not medically necessary.

Nose and throat referral evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Pages 127-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visit.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, nose and throat referral/evaluation is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this

case, the injured worker's working diagnoses are rotator cuff dis; dysphagia; spinal stenosis cervical; disorders of bursa and tendons in shoulder region unspecified; spinal stenosis cervical; pain joint shoulder region; and cervicalgia. The injured worker is status post C5 - C6 and C6 - C7 anterior cervical discectomy (ACDF). The worker status post left shoulder arthroscopy February 18, 2015. The request for authorization is dated April 20, 2015. The most recent progress note in the medical record is dated April 17, 2015. There is no discussion in the treatment section regarding a clinical indication or rationale for a nose and throat referral (consultation). The documentation states additional physical therapy is required and Norco should be changed to Percocet. Consequently, absent clinical documentation with a clinical indication for a nose and throat referral, a nose and throat referral/evaluation is not medically necessary.