MAXIMUS Federal Services

Case Number:	CM15-0013863		
Date Assigned:	02/02/2015	Date of Injury:	04/13/2012
Decision Date:	03/30/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/23/2015

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: Orthopedic 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 42 year old male who sustained an industrial injury on 4/13/12. The injured worker reported symptoms in the neck, shoulder and right upper extremity. The diagnoses included chronic right shoulder pain status post right shoulder arthroscopic surgery for rotator cuff repair in September 2012 and chronic neck pain. Treatments to date include cervical epidural steroid injection, oral pain medications and psychotherapy. In a progress note dated 12/10/14 the treating provider reports the injured worker was with "intermittent shooting radicular pain down the right arm...".On 1/7/15 Utilization Review non-certified the request for 1 Pre-Operative Examination With electrocardiogram, 1 Assistant Surgeon , 1 Total Disc Arthroplasty at the C5-C7 Level, and 1 Day Inpatient Hospital Stay. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pre-Operative Examination with EKG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, Preoperative testing

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

1 Assistant Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aaos.org/about/papers/position/1120.asp

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

1 Total Disc Arthroplasty at the C5-C7 Level: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index 11th Edition, Neck and Upper Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline, Neck, Disc prosthesis

Decision rationale: CA MTUS/ACOEM is silent on issue of disc replacement. According to the ODG, Neck section, disc prosthesis, is under study. It is not recommended as there are no long-term studies noting ongoing response reported following disc replacement. In addition artificial disc replacement is indicated for single level disease which is not present in the exam note of 12/10/14. Therefore, the guidelines does not support the requested procedure. The request for cervical disc replacement C5-C7 of the cervical spine is not medically necessary and appropriate.

1 Day Inpatient Hospital Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Length of Hospital Stay (LOS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck, Hospital Length of stay

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.