

Case Number:	CM15-0122942		
Date Assigned:	07/07/2015	Date of Injury:	10/10/2013
Decision Date:	08/05/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/25/2015

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:

October 10, 2013. The injured worker previously received the following treatments cervical spine MRI June 7, 2014, Cyclobenzaprine, Norco, Tramadol, acupuncture, physical therapy chiropractic services, cervical spine steroid injections and EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities showed left C6 and C7 radiculopathy. The injured worker was diagnosed with cervical radiculopathy, cervical spine C5-C6 mild spinal cord flattening centrally as well as moderate to severe left and mild to moderate right foraminal stenosis, C6-C7 moderate left and moderate to severe right foraminal stenosis, C7-T1 mild bilateral foraminal stenosis, chronic left C6-C7 radiculopathy and cervical spine with mild lordotic reversal from C4-C6 mild dextroscoliosis near C6, chronic anterior wedging was 10% at C5, mild to moderate disc degeneration at C5-C6 and C6-C7 and bilateral shoulder impingement syndrome. According to progress note of May 18, 2015, the injured worker's chief complaint was neck pain with radiation of pain into the trapezius and forearms, with associated symptoms of bilateral ring finger numbness. The neck pain was rated at 8 out of 10. The forearm pain was rated at 7 out of 10. The trapezius pain was rated at 6 out of 10 with medications and 8 out of 10 without pain medications. The physical exam noted decreased sensation at the C8 dermatome distribution. The cervical lordosis was well maintained. There was tenderness and spasms over the mid cervical spine and bilateral trapezius. The orthopedic testing noted local pain of the cervical spine. The treatment plan included pneumatic intermittent compression devices and post-operative physiotherapy anterior cervical fusion with cage and instrumentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Pneumatic intermittent compression device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Venous Thrombosis.

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

Decision rationale: The ODG guidelines recommend stockings for prevention of venous thromboembolism. For hip and knee replacements, they recommend mechanical compression devices are started in the recovery room and throughout the hospital stay. An anterior cervical fusion is frequently accomplished in an outpatient setting with early ambulation so a pneumatic compression device would not be needed. The requested treatment: Associated Surgical Service: Pneumatic intermittent compression device is not medically necessary and appropriate.

Associated Surgical Service: Post operative physiotherapy, 18 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy 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 Chapter-Physical therapy.

Decision rationale: The ODG guidelines recommend postoperative physiotherapy for cervical fusion after for 24 visits over 16 weeks. The guidelines recommend an allowance be provided for fading of treatment frequency from up to 3 visits to 1 or less. They also recommend an active self-directed home PT. The requested treatment: Associated Surgical Service: Postoperative physiotherapy, 18 visits is not medically necessary and appropriate.