

Case Number:	CM15-0127717		
Date Assigned:	07/20/2015	Date of Injury:	07/11/2013
Decision Date:	08/18/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/01/2015

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 58-year-old male who sustained an industrial injury on 07/11/13. He reported right shoulder, back, and right wrist pain. Diagnostic testing and treatments to date have included MRI, discogram, physical therapy, epidural steroid injections, and pain medication management. Diagnoses include L5-S1 disc degeneration, L4-S1 facet arthropathy, left leg radiculopathy, coccydynia, cervicalgia, status post right shoulder surgery, right long finger trigger finger, and chronic intractable pain; he is status post recent right carpal tunnel release. He has additional diagnoses of cardiac arrhythmia with premature ventricular contractions, hypertensive cardiovascular disease, and MRSA infection 04/01/15. Requested treatments include associated surgical service: Cold therapy unit x 30-day rental, associated surgical service: Pneumatic intermittent compression device x 30 day rental, associated surgical service: Front wheeled walker, associated surgical service: 3-1 commode, associated surgical service: Assistant surgeon and associated surgical service: 4-day hospital stay. The injured worker is under temporary total disability. Date of Utilization Review: 06/29/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Cold therapy unit x 30 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar fusion-cold packs.

Decision rationale: The ODG guidelines do recommend cold packs for the first few days. 30 days of treatment is not recommended. A continuous flow cryotherapy unit is also not recommended. The requested treatment: Associated surgical service: Cold therapy unit x 30 day rental is NOT medically necessary and appropriate.

Associated surgical service: Pneumatic intermittent compression device x 30 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee replacement chapter- venous thrombois.

Decision rationale: The ODG guidelines note that mechanical methods do reduce deep vein thrombosis but importantly there is no evidence they reduce pulmonary embolism. Compressive stockings are recommended except in stroke patients. The requested treatment: Associated surgical service: Pneumatic intermittent compression device x 30 day rental is NOT medically necessary and appropriate.

Associated surgical service: Front wheeled walker: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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-Walking aids.

Decision rationale: The ODG guidelines do recommend wheeled walkers to help patients with bilateral problems. In that the proposed operation might affect both lower extremities, then the walker may be helpful. The requested treatment: Associated surgical service: Front wheeled walker is medically necessary and appropriate.

Associated surgical service: 3-1 commode: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The ODG guidelines do recommend raised toilet seats if medically necessary. With the proposed anterior and posterior spinal fusions for the injured worker, then such a device can be reasonably expected to be helpful in the post operative period. The requested treatment: Associated surgical service: 3-1 commode is medically necessary.

Associated surgical service: Assistant surgeon: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion chapter-surgical assistant.

Decision rationale: The ODG guidelines do recommend a surgical assistant for sufficiently complex procedures. The anterior and posterior fusions fulfill that criteria. The requested treatment: Associated surgical service: Assistant surgeon is medically necessary and appropriate.

Associated surgical service: 4 day hospital stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion chapter-Hospital length of stay (LOS).

Decision rationale: The ODG guidelines note that the LOS for anterior lumbar spinal fusion is a mean of 4.2 days. The requested treatment: Associated surgical service. The 4-day hospital stay is medically necessary and appropriate.