

<b>Case Number:</b>	CM15-0171270		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	08/31/2013
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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, Oregon, Washington  
 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 33 year old male, who sustained an industrial injury on 8-31-13. The documentation on 7-16-15 noted that the injured worker has complaints of dizziness, increased with standing and lying down in a supine position. The injured worker has complaints of neck pain that radiates into the right upper extremity and complaints of headaches that start at the base of his neck. The documentation noted that the injured worker states that his right shoulder pain has improves and rates his symptoms as a 3-4 on a scale of 1 to 10 and right wrist pain has significantly improves per the injured worker on 7-16-15 and rates his symptoms as a 4 out of ten and that his right knee is not painful. There are paraspinal and trapazeal spasms with loss of sensation in the C5-C6 nerve distribution on the right. Cervical compression is positive on the right and Jackson's maximal foraminal compression is positive on the right. The documentation noted that the range of motion is within normal limits, although painful upon extension and right lateral flexion. Magnetic resonance imaging (MRI) revealed multi-level large disc herniations from C4-C7, leaning slightly more to the right than the left and theses discs protrude more to the right than the left, causing bilateral lateral (right greater than left) spinal and neural canal stenosis. Right knee magnetic resonance imaging (MRI) reveals degeneration of the medial meniscus with mild chondromalacia patella and orthopedic tests are all negative. The diagnoses have included trunk injury not otherwise specified. Treatment to date has included surgical ulnar shortening of the right wrist on 7-6-15 and the injured worker reports good resolution of symptoms and status post open reduction, internal fixation left forearm on 5-5-14. The original

utilization review (7-31-15) non-certified the request for neurosurgical consultation and 10 sessions of post-operative hand occupational therapy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Neurosurgical Consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** CA MTUS/ACOEM guidelines, low back complaints, page 288 recommends referral for clear clinical imaging and electrodiagnostic evidence of a lesion shown to benefit from surgical repair. There is evidence in the cited records of significant and specific nerve root compromise on cervical MRI that warrants referral to a neurosurgeon or specialist. Therefore, the cited guidelines criteria have been met and the request is medically necessary.

**10 Sessions of Post-Op Hand Occupational Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

**Decision rationale:** Per the CA MTUS Post Surgical Treatment Guidelines, the recommended amount of postsurgical treatment visits allowable are: TFCC injuries-debridement (arthroscopic) [DWC]: Postsurgical treatment: 10 visits over 10 weeks. Guidelines do not cover ulnar shortening osteotomy and this is the closest analogous surgery. The guidelines recommend "initial course of therapy" to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. In this case, the request has exceeded the initial course of therapy. Therefore, the request is not medically necessary.