

Case Number:	CM15-0071139		
Date Assigned:	04/21/2015	Date of Injury:	04/12/2012
Decision Date:	06/11/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/14/2015

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: Illinois, California, Texas
 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 72-year-old female who sustained an industrial injury on 4/12/12. Injury occurred while she was performing a home nursing assessment and was slammed into a wall when a dog jumped on her. She underwent a left shoulder reverse total shoulder arthroplasty on 4/19/13. She subsequently underwent anterior cervical discectomy and fusion from C3-C7 on 3/27/14. The 3/17/15 treating physician report cited constant grade 7-8/10 neck pain radiating to the right upper extremity, and constant grade 8-9/10 right shoulder pain. Radicular symptoms were reported worsening. Physical exam documented limited range of motion, spasms, and positive compression and Spurling's tests. Neurologic examination documented decreased right biceps, wrist extensor, and triceps strength, with sensory deficit over the right C6 and C7 dermatomes. X-rays revealed pseudoarthrosis at C6/7, questionable pseudoarthrosis at the upper levels, and lucency and windshield wiper effect over the hardware and evidence of shifting hardware to adjacent levels. There was clear instability at C6/7 on flexion/extension views. Authorization was requested for posterior cervical fusion with decompression and stabilization with lateral mass screws C3-C7. Associated surgical requests included a cervical brace and 25 post-op therapy sessions. The 4/13/15 utilization review certified a request for posterior fusion with decompression and stabilization with lateral mass screws C3-C7. The request for a cervical brace was non-certified as there was no guideline recommendations for the use of a cervical collar after a posterior cervical fusion. The request for 24 post-op physical therapy was modified to 12 initial post-op visits consistent with the Post-Surgical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical brace: 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) Neck and Upper Back, Cervical collar, post-operative (fusion).

Decision rationale: The California MTUS guidelines are silent regarding post-operative cervical collars. The Official Disability Guidelines state that cervical collars may be appropriate where post-operative and fracture indications exist, or in the emergent setting. The use of a cervical collar would be appropriate for this patient and supported by guidelines following surgery. Therefore, this request is medically necessary.

24 Post operative physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The California Post-Surgical Treatment Guidelines for surgical treatment of cervical fusion suggest a general course of 24 post-operative visits over 16 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 4/13/15 utilization review recommended partial certification of 12 initial post-operative physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of additional care. Therefore, this request is not medically necessary.