

Case Number:	CM13-0015316		
Date Assigned:	12/27/2013	Date of Injury:	09/27/2007
Decision Date:	02/27/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 46-year-old male patient, with a 9/27/13 date of injury; right knee surgery in 2007, 2008, and 2009; and left knee replacement in 2010/2011. At the time of request for authorization for general surgery for hernia, internal medicine consult, and psychological evaluation, there is documentation of subjective (neck pain, knee pain, hypertension, sleeping disorders, anxiety, stress, GERD, and sexual dysfunction) and objective (spasm and tenderness over the upper trapezium and paravertebral musculature, positive impingement and Hawkins sign over the right shoulder, and painful lumbar spine range of motion) findings, current diagnosis (lumbar and cervical radiculopathy, bilateral knee tendonitis/bursitis, bilateral wrist tendonitis/bursitis, bilateral shoulder tendonitis/bursitis, s/p left partial knee replacement, s/p right knee arthroscopy with ex-fix device for varus deformity), and treatment to date (PT and medications). Treatment plan includes authorization for an internal medicine consult to address an exacerbation of hypertension, general surgery consult since the patient feels he has developed an umbilical hernia, and a psychological evaluation since he has developed stress and anxiety. There is no documentation of presence of a hernia or blood pressure readings on physical exam and documentation of prior treatment for the diagnoses of hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

General Surgery for Hernia: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27-28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hernia, Surgery.

Decision rationale: MTUS reference to ACOEM identifies documentation of pain or discomfort in lower abdominal or groin area; or a bulge that cannot be pushed back in as criteria necessary to support the medical necessity of surgery for hernia. ODG identifies documentation of hernia detected on routine physical examination as criteria necessary to support the medical necessity of surgery for hernia. Within the medical information available for review, there is documentation of a diagnosis of lumbar and cervical radiculopathy, bilateral knee tendonitis/bursitis, bilateral wrist tendonitis/bursitis, bilateral shoulder tendonitis/bursitis, s/p left partial knee replacement, s/p right knee arthroscopy with ex-fix device for varus deformity. However, despite documentation of a rationale identifying a general surgery consult since the patient feels he has developed an umbilical hernia, there is no documentation of objective findings (presence of a hernia on physical exam). Therefore, based on guidelines and a review of the evidence, the request for general surgery for hernia is not medically necessary.

Internal Medicine Consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 7, page 127

Decision rationale: MTUS reference to ACOEM identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work; and that in the absence of red flags, work related complaints can be safely and effectively managed by occupational or primary care providers as criteria necessary to support the medical necessity of consultation. Within the medical information available for review, there is documentation of a diagnosis of lumbar and cervical radiculopathy, bilateral knee tendonitis/bursitis, bilateral wrist tendonitis/bursitis, bilateral shoulder tendonitis/bursitis, s/p left partial knee replacement, s/p right knee arthroscopy with ex-fix device for varus deformity, and a rationale identifying an authorization for internal medicine consult to address an exacerbation of hypertension. However, given no documentation of objective findings and prior treatment for hypertension, there is no documentation that diagnostic and therapeutic management has been exhausted within the treating physician's scope of practice. Therefore, based on guidelines and a review of the evidence, the request for internal medicine consult is not medically necessary.

Psychological Evaluation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Psychological Evaluation.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that a consultation with a psychologist allows for screening, assessment of goals, and further treatment options as criteria necessary to support the medical necessity of psychological evaluation. ODG identifies that psychological evaluation are well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations as additional criteria necessary to support the medical necessity of psychological evaluation. Within the medical information available for review, there is documentation of a diagnosis of lumbar and cervical radiculopathy, bilateral knee tendonitis/bursitis, bilateral wrist tendonitis/bursitis, bilateral shoulder tendonitis/bursitis, s/p left partial knee replacement, s/p right knee arthroscopy with ex-fix device for varus deformity and subjective findings (stress and anxiety). Therefore, based on guidelines and a review of the evidence, the request for psychological evaluation is medically necessary.