

Case Number:	CM13-0030875		
Date Assigned:	03/19/2014	Date of Injury:	06/11/2010
Decision Date:	07/07/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	10/01/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Texas. 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/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:

The injured worker is a 48-year-old male who reported an injury on 06/11/2010. The mechanism of injury was moving a heavy drum. The other therapies included medications and physical therapy. The injured worker underwent an abdominal sonogram on 01/09/2013 which revealed grade 1 right hydronephrosis, borderline hepatomegaly with increased echogenicity consistent with fatty infiltrate or hepatocellular disease, diffused increase echogenicity of the pancreas consistent with old healed or chronic pancreatitis and no evidence of a periumbilical hernia. The office visit of 02/19/2013 revealed the injured worker complained of "bellybutton" pain and swelling that was getting bigger according to the injured worker. The objective physical examination revealed the injured worker had periumbilical swelling and tenderness but no redness. There was no accompanying nausea or vomiting. The injured worker had constipation and upper abdominal pain that were noted to be better with the use of MiraLax and ranitidine. The diagnosis included umbilical hernia. The treatment plan included a general surgery consultation for possible umbilical hernia. The DWC Form RFA dated 08/21/2013 was for a general surgeon consult for possible umbilical hernia.

IMR ISSUES, DECISIONS AND RATIONALES

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

GENERAL SURGEON CONSULTATION FOR POSSIBLE UMBILICAL HERNIA:

Upheld

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, Page 163.

Decision rationale: The ACOEM Guidelines indicate a consultation is intended to aid in the assessing the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness to return to work. While it was indicated the request for a consultation was made on 02/19/2013, there was a lack of documentation of a recent objective physical examination to support the necessity for a general surgeon consultation. The DWC form RFA was noted to be based on the February 2013 examination. The abdominal sonogram indicated there was no evidence of a periumbilical hernia. Given the above, the request for general surgeon consultation for possible umbilical hernia is not medically necessary.