

<b>Case Number:</b>	CM13-0034800		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	07/13/2012
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 General Surgery, has a subspecialty in Laparoscopic Surgery 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 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:

The patient is a 62-year-old male who reported injury on 07/13/2012 with the mechanism of injury being the patient was carrying a canvas that was full of trash. The patient's diagnoses were noted to include bilateral hand numbness, rule out carpal tunnel syndrome, severe lumbar stenosis at L4-5, right shoulder subacromial impingement with rotator cuff tendinosis, and history of diabetes industrial aggravation deferred. The request was made for a general surgery consultation for right-sided umbilical hernia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**general surgery consultation for a right-side umbilical hernia:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** ACOEM guidelines indicate that a referral may be appropriate if the practitioner is uncomfortable has difficulty obtaining information or agreement to a treatment plan. The clinical documentation submitted for review indicated there was a request as of 8/16/2013 for the patient to see a consult with a general surgeon for right-sided umbilical hernia.

Clinical documentation fails to provide the objective physical examination with findings of a hernia, as well as ultrasonic findings to indicate the patient has an umbilical hernia. Given the above and the lack of documentation, the request for a general surgeon consultation for right-sided umbilical hernia is not medically necessary.