

<b>Case Number:</b>	CM14-0002825		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/03/2011
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Physical Medicine and Rehabilitation 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 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 32-year-old female who reported an injury on 09/03/2011. The mechanism of injury was not provided. On 04/15/2014, the injured worker presented with elevated liver enzymes and chronic pain. She reported that she had decreased her pain medication regimen due to elevated liver enzymes. The diagnoses were elevated liver function tests (LFTs), myalgia and myositis, taking high risk medications, fatigue, and abdominal pain. The physical examination was all within normal limits. The provider recommended a general surgery consultation for the patient's hernia. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**General surgical consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 67, 68-69, and 78.

**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), updated guidelines, Chapter 6, page 163.

**Decision rationale:** The ACOEM Guidelines indicate that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of mental stability, and permanent residual loss and/or examinees fitness to return to work. The consultation was intended for the injured worker's hernia; however, there was no surgery requested or scheduled. There are no physical exam findings of a hernia or a treatment plan pertaining to the injured worker's hernia. As such, the request is not medically necessary.