

Case Number:	CM14-0105735		
Date Assigned:	07/11/2014	Date of Injury:	12/05/2010
Decision Date:	08/11/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/03/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 50 year old female who was injured on 12/5/2010. She was diagnosed with an incarcerated umbilical hernia for which she required bowel resection and hernia repair in January 2011. She soon afterwards developed an abscess, and follow-up surgery was performed with drainage. A third repair was completed within a year of her first repair. She also was diagnosed with obesity, low back pain with radiculopathy, trochanteric bursitis, anxiety, insomnia, and depression. She was seen by her orthopedic physician on 10/12/11 complaining of her usual low back pain and also abdominal pain. She reported feeling the hernia in her abdomen had recurred. No examination of the abdomen was documented as being performed. A referral to a general surgeon and an ultrasound of the abdomen were recommended. She later had another abdominal hernia repair surgery on 4/10/12, which was followed by chronic neuropathic pain in the area of the incision. On 5/30/12 she was evaluated by her orthopedic physician and complained of pain in her abdomen when she lies on her side, even though she had spoken already to her surgeon who "does not give any answers" according to the worker's report. No physical examination was performed. An abdominal ultrasound done on 11/6/13 revealed a small mid-umbilical hernia. Later on 12/4/13, she again saw her orthopedic physician complaining of abdominal pain as well as low back and radicular pains. The ultrasound was reviewed. No physical examination was performed on the worker, and she was referred to the general surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialist referral for surgical consultation, requested 10/19/11: 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), p. 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, the orthopedic physician did not perform a physical examination on the worker's abdomen to assess for a hernia in order to justify any referral to a general surgeon. Without these objective findings to confirm she has a hernia, the request is not medically necessary and appropriate.

Retrospective request (DOS: 6/2/12) for a specialist referral to a general surgeon: 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), p. 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, she had just prior to the request (on 4/10/12) had abdominal surgery for her hernia and was still in the post-operative recovery phase, which normally includes post-operative pain for many weeks following the surgery. No evidence from the notes provided for review suggested that the worker required a second opinion from another surgeon. Without a direct report from the surgeon who performed the repair, who didn't find that her symptoms were out of the ordinary following her surgery, it is difficult to justify a referral. Therefore the general surgeon referral is not medically necessary and appropriate.

Ultrasounds of the abdomen, requested 10/23/13: 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 Official Disability Guidelines (ODG), Hernia section, Imaging.

Decision rationale: The MTUS Guidelines do not address ultrasounds for the evaluation of hernias. The ODG states that imaging for the evaluation of hernias is generally not recommended except in unusual situations such as when an occult hernia is suspected or when an assessment for post-operative complications is required. Physical examination is the primary method of evaluating for hernias. The worker in this case complained of abdominal pain and expressed concern that her hernia may have come back. Appropriately the orthopedic physician decided to address this issue. However, a physical examination was not done of the abdomen. Without this examination, an ultrasound cannot be justified. Therefore the ultrasound of the abdomen is not medically necessary and appropriate.

Specialist referral for a general surgical consultation: 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), p.127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, more than one surgeon reported that the worker's weight was the primary risk factor for her hernias, and surgical repair beyond the surgeries she already has had, is not likely to be successful without correcting her abdominal obesity first. Therefore the surgical consultation is not medically necessary and appropriate.