

Case Number:	CM14-0171153		
Date Assigned:	10/23/2014	Date of Injury:	08/08/2013
Decision Date:	11/28/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/16/2014

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 General 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 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:

This 37 year old male complained of abdominal and right inguinal pain rated at a 5/10 and worsening. The patient was very anxious. Examination revealed tenderness to palpation. The requesting provider referred the patient for general surgery evaluation for a hernia and ordered a CBC, CMP, and "standard liver and kidney FP (sic)". He diagnosed inguinal pain, hernia and abdominal wall, hernia and prescribed OTC Tylenol. The date of injury was 8/8/13 and the mechanism of injury was pushing a dolly and began to feel abdominal pain. An abdominal CT scan 4/1/14 showed among other findings, bilateral inguinal hernia and an umbilical hernia with the hernia containing fat, fatty metamorphosis of the liver, sigmoid diverticulosis, and possibly a mental infarct associated with the right inguinal hernia. Past medical history included a diagnosis given the patient in the past of bilateral inguinal hernia and umbilical hernia. He had had no prior surgery. Review of systems examination was positive for a single episode of nausea and vomiting. As of 4/12/14, he described the pain as dull and intermittent without radiation, improved, and worse with cough and Valsalva. On examination the abdomen was soft with normal bowel sounds. There was periumbilical and suprapubic tenderness without guarding or rebound and a reducible right inguinal hernia. A QME was done 4 months later.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete blood count (CBC): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Washington School of Medicine, Complete Blood Count-Series, A.D.A.M. Health Solutions, Ebix, Inc. March 19, 2012

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004811/ Complete blood count - series Indication

Decision rationale: The medical records that have been provided to this reviewer have not established medical necessity for a CBC. Suggestion of infection, acute abdominal, anemia, blood disease, dehydration, or clotting abnormality has not been presented. Therefore, the request for a CBC is not medically necessary.

Comprehensive metabolic panel (CMP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Washington School of Medicine, Comprehensive Metabolic Panel, A.D.A.M. Health Solutions, Ebix, Inc. 1/21/2013

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmedhealth/PMH0003939/ Comprehensive metabolic panel Metabolic panel - comprehensive; Chem-20; SMA20; Sequential multi-channel analysis with computer-20; SMAC20; Metabolic panel 20

Decision rationale: The medical records that have been provided to this reviewer have not established medical necessity for a CMP. Suggestion of infection, acute abdomen, or acute metabolic problem has not been presented. Therefore, the request for a CBC is not medically necessary.

Standard liver and kidney no FP (sic): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Article, What is the Real Function of the Liver Function Tests? Philip Hall and Johnny Cash, Markers of Renal Function Tests, Shivaraj Gowda, Prakash B. Desai, Shruthi S. Kulkarni, Vinayak V. Hull, Avinash A. K. Math, and Sonal N. Vornekar

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pmc/articles/PMC3609680/ What is the Real Function of the Liver 'Function' Tests; Philip Hall and Johnny Cash

Decision rationale: The medical records that have been provided to this reviewer have not established medical necessity for liver function testing. Suggestion of infection, acute abdomen, or acute metabolic problem has not been presented. Therefore, the request for a CMP is denied. The medical records that have been provided to this reviewer have not established medical necessity for renal function testing. Suggestion of infection, acute abdomen, or acute metabolic

problem, acute or chronic renal failure has not been presented. Therefore, the request for renal function testing is not medically necessary.