

Case Number:	CM14-0037682		
Date Assigned:	06/25/2014	Date of Injury:	11/17/2006
Decision Date:	08/13/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	03/28/2014

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 46 year old female has been approved for a Lap Band procedure. She is morbidly obese with a BMI of 37. At esophagogastroduodenoscopy, a small hiatal hernia was found. There was no evidence of esophagitis. The surgeon wishes to do a hiatal hernia repair at the time of the Lap Band procedure. His reasoning for this is to prevent the Band from migrating up in to the mediastinum. The patient has occasional heartburn and acid reflux. She has never been on PPI's. There are no other GI symptoms. The UGI series failed to show either a hiatal hernia or evidence of reflux.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hiatal hernia repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Brian Bello, Fernando A Herbella, Marco E Allaix and Marco G Patti. Impact of minimally invasive surgery on the treatment of benign esophageal disorders. World J Gastroenterol. 2012 Dec 14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: Recent studies have shown that patients who derive the poorest results in hiatal hernia surgery are those in whom PPI's have provided the poorest results. Nonetheless, this patient fails to demonstrate either subjective complaints or objective findings that would necessitate a hiatal hernia repair. This reviewer has not become aware of a need to do a hiatal hernia repair to prevent band migration in to the mediastinum. In fact, a 2013 study referenced above concluded, the results of the present analysis do not support the theory that increased exploration and repair of the esophageal hiatus reduces the incidence of PPD (gastric pouch distention). There might be a role for CR at surgery for specific clinical indications. CR (crural exploration and repair) increases the complexity and possibly the risk of the procedure. Therefore, the request for Hiatal hernia repair is not medically necessary.