

Case Number:	CM14-0044023		
Date Assigned:	07/02/2014	Date of Injury:	04/15/1997
Decision Date:	08/01/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/11/2014

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:

He was injured 4/15/97 resulting in injuries to the neck, shoulder, spine, and knees. Required the use of anti inflammatory and narcotics, developed heartburn. First endoscopy diagnosed Barretts. Many since, and always Barretts. Has head of bed elevated. Nexium and Dexilant in the past had not been of benefit. Esophagogastroduodenoscopy 7/3/13, showed esophagitis, no hiatal hernia, and multiple inflammatory gastric polyps resulting from long-term acid suppression. On pathology H. Pylori was negative and Barrett's was seen. Esophageal pH monitoring showed acid reflux 11/15/13. GI advised to use the Aciphex 4x/day and to have a Nissen as conservative management had failed. "Patient does not want aciphex 4/d" as prescribed and is only taking aciphex and zantac bid, as well as carafate qid. The request was for an assistant surgeon, pre-operative clearance, a 2-3 day in patient stay, and laparoscopic Nissen funduplication for repair of a hiatal hernia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laparoscopic Nissen Fundoplication and Repair of Hiatal Hernia: Overturned

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 Other Medical Treatment Guideline or Medical

Evidence: Sabiston Textbook of Surgery, 17e (Sabiston Textbook of Surgery: The Biological Basis of Modern Practicsurgical Practice) by David C. Sabiston.

Decision rationale: This patient has failed conservative management years ago. He has gastric poyps the result of long-term acid suppression. He has gross evidence of esophagitis and histological evidence of Barrett's esophagitis. A Nissen is medically necessary to recreate the distal esophageal asphincter.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics <http://www.aaos.org/about/papers/position/1120.asp>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS.gov.

Decision rationale: Standard of care does not require a swecond surgeon for assistance. Hospital personnel to assist holding instruments is the recognized standard of care.

Pre-Operative Clearance: Overturned

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) Treatment Index, 9th Edition (web), -TWC. Additionally, Other Medical Treatment Guideline or Medical Evidence:Harrison's Principles of Internal Medicine, 18th Edition, 2011, pages 38-42.

Decision rationale: At age 60, standard of care requires medical clearance

Inpatient Stay, 2-3 Days: 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 CMS/ Lentgth of stay.

Decision rationale: Past medical history has not been included in the documents provided to this reviewer. Without significant comorbidities such as know coronary artery disease, a bleeding diathesis, chronic pulmonary disease, or the need for acute nursing care, postoperatively observation and discharge from the The Post-Anesthesia Care Unit (PACU) or observatioln

elsewhere in the facility is standard of care after a laparoscopic Nissen. The request is not medically necessary and appropriate.