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| Case Number: | CM14-0173913 | | |
| Date Assigned: | 11/06/2014 | Date of Injury: | 08/02/2013 |
| Decision Date: | 02/05/2015 | UR Denial Date: | 10/01/2014 |
| Priority: | Standard | Application Received: | 10/22/2014 |

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 Surgeon and is licensed to practice in Texas. 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 46-year-old male who reported injuries due to pushing a heavy object on 08/02/2013. On 07/03/2014, his diagnoses included reducible umbilical hernia. His complaints included frequent moderate to severe dull, achy, sharp, stabbing, and throbbing umbilical pain associated with repetitive movement, lifting 10 pounds, repetitive overhead reaching, and squatting. Upon examination, there was an umbilical hernia which was large enough to be seen from across the room. It measured 2 x 2 cm and was reducible. It was at approximately the 3 o'clock position in the umbilicus and was extremely tender upon examination. There was no rationale included in this injured worker's chart. A Request for Authorization dated 08/18/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical clearance: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-22.

Decision rationale: The need for surgical clearance is not medically necessary. The California ACOEM Guidelines note that a focused medical history, work history, and physical examination

generally are sufficient to assess the patient who complains of an apparently job related disorder. In this assessment, certain patient responses and findings raise the suspicion of serious underlying medical conditions. These "red flags" refer only to serious medical conditions which indicate that further consultation, support, or specialized treatment may be necessary. This injured worker is a nonsmoker who had no cardiac or respiratory red flags indicating a need for surgical clearance. Additionally, there is a need for more specific detail regarding specific tests or examinations that would be included in the requested clearance. Therefore, this request for surgical clearance is not medically necessary.

Echocardiogram: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

Decision rationale: The need for echocardiogram is not medically necessary. The California ACOEM Guidelines note that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. The injured worker is a 46-year-old nonsmoker with no cardiac diagnoses and no evidence of cardiovascular compromise. The need for an echocardiogram was not clearly demonstrated in the submitted documentation. Therefore, this request for an echocardiogram is not medically necessary.

Cardiologist consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

Decision rationale: The need for cardiologist consultation is not medically necessary. The California ACOEM Guidelines note that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. The injured worker is a 46-year-old nonsmoker with no cardiac diagnoses and no evidence of cardiovascular compromise. The need for a cardiologist consultation was not clearly demonstrated in the submitted documentation. Therefore, this request for a cardiologist consultation is not medically necessary.

Post-operative physical therapy, twice to three times weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hernia, Physical therapy (PT).

Decision rationale: The request for post-operative physical therapy, twice to three times weekly for six weeks is not medically necessary. The Official Disability Guidelines do not recommend physical therapy for hernia as there is no evidence of successful outcomes. This request is not supported by the guidelines. Therefore, the request for post-operative physical therapy, twice to three times weekly for six weeks is not medically necessary.