

Case Number:	CM14-0201574		
Date Assigned:	12/05/2014	Date of Injury:	01/28/2014
Decision Date:	02/03/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal Medicine 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:

The patient is an injured worker with a diagnosis of bilateral inguinal hernias. Surgical consultation report dated September 4, 2014 documented that the patient stated approximately in June 2013 he started experiencing pain in his right groin with moving the objects at work. He stated he continued working but approximately in the beginning of January 2014 he noticed a lump in his right groin which gradually enlarged. He stated on January 28, 2014 while in the performance of his duties, he was holding the rein of a animal with his left hand. The animal suddenly raised its head and pulled his left arm and subsequently he experienced pain in his left shoulder. The patient was evaluated for pain and lump in his right groin. The patient complains of the pain and lump in his right groin. This pain gets aggravated with prolonged walking, bending, straining and sneezing. The lump has gradually enlarged. The patient complained of the pain in his left shoulder and lower back which will be addressed by other providers. Physical examination was documented. Chest is clear to auscultation and percussion. Cardiac examination demonstrated no gallops or murmurs. Abdomen was soft and flat. There is no palpable organomegaly and bowel sounds are audible. The patient has bilateral inguinal hernias the right side of which extends up to the middle of his spermatic cord but on the left side it can better be appreciated with invagination of the scrotum. Assessment was bilateral inguinal hernias. Physical examination on September 4, 2014 showed reducible bilateral inguinal hernias the right side of which extended up to the middle of his spermatic cord but the left side was better appreciated with invagination of the scrotum. Lifting heavy weights and strenuous activities require contraction of the abdominal wall muscles which in turn applies pressure to the aponeurotic structures of the abdomen and increases the intraabdominal pressure. The treatment plan was a bilateral inguinal herniorrhaphy surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Op Workup Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th edition, Preoperative Evaluation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation Chapter 7 Independent Medical Examiner page 127. Institute for Clinical Systems Improvement (ICSI) Guideline Title: Perioperative protocol. Health care protocol. Bibliographic source: Card R, Sawyer M, Degnan B, Harder K, Kemper J, Marshall M, Matteson M, Roemer R, Schuller-Bebus G, Swanson C, Stultz J, Sypura W, Terrell C, Varela N. Perioperative protocol. Health care protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2014 Mar

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The occupational health practitioner may refer to other specialists 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. Institute for Clinical Systems Improvement (ICSI) perioperative protocol guideline recommends a comprehensive preoperative basic health assessment for all patients undergoing a diagnostic or therapeutic procedure. The medical records document as diagnosis of bilateral inguinal hernias. Bilateral inguinal herniorrhaphy surgery was recommended in the 9/4/14 surgical consultation report and was certified. The request for a pre-operative consultation is supported by MTUS, ACOEM, and ICSI guidelines. Therefore, the request for Pre-Op Workup Consultation is medically necessary.