

Case Number:	CM15-0102613		
Date Assigned:	06/05/2015	Date of Injury:	12/02/2008
Decision Date:	08/18/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	05/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona
 Certification(s)/Specialty: Surgery

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 female, who sustained an industrial injury on December 2, 2008. She reported being injured at work lifting heavy patients with back pain. The injured worker was diagnosed as having degenerative disc disease including a right side disc herniation and spinal stenosis of the lumbar spine at L1-L2 potentially associated with right lower extremity radiculopathy, degenerative disc disease and discogenic disease of the lumbar spine at L2-L3, L3-L4, and L4-L5 associated with right lower extremity radiculopathy, degenerative disc disease of the lumbar spine at L5-S1 which is a rudimentary disc possibly associated with right lower extremity radiculopathy, primary and post-traumatic arthritis of both hips definitely more advanced on the right side, mild exogenous obesity and gastrointestinal (GI) bleeding plus a probable ventral hernia. She had an abdominal ultrasound to diagnose a ventral hernia sometime between 2013-2014, but this is not available in chart. She had an evaluation by a surgeon regarding her abdominal hernia on October 23, 2014. Currently, the injured worker complains of neck pain, middle back pain, lower back pain which radiates down her right leg to her foot with numbness and tingling and rectal bleeding believed to be related to her medications. The Primary Treating Physician's report dated April 3, 2015, noted the injured worker was scheduled to undergo a ventral hernia repair on April 8, 2015. Physical examination noted the injured worker with a moderately right antalgic gait with the right knee slightly bent and poor balance. The lumbar spine was noted to have moderate plus tenderness over the spinous processes especially toward the lumbosacral junction with moderate tenderness in the right paraspinal muscles, mild tenderness in the left paraspinal muscles, moderate plus tenderness at the right sacroiliac joint,

mild tenderness at the left sacroiliac joint, and moderate tenderness over the right sciatic nerve with minimal tenderness over the left sciatic nerve. Lumbar spine range of motion (ROM) was noted to be restricted, with positive straight leg raise on the right side. The right hip was noted to have pain with all movements of range of motion (ROM), and moderate plus tenderness in the groin which overlies the hip joint as well as moderate to severe tenderness at the greater trochanter. The treatment plan was noted to include a prescription for Voltaren and plans for the upcoming ventral hernia repair. A Review of File dated April 7, 2015, noted the injured worker developed a ventral hernia between the umbilicus and the pubic symphysis which the Physician felt could not be done in an outpatient setting due to the injured worker's obesity and the hernia was very large, causing it to be a very difficult and prolonged surgery. The Physician requested authorization for the surgery to be performed at the hospital versus the outpatient surgery center, with an admission to the hospital for one to two days postoperatively for recovery and pain control. Her BMI is 33.5 on exam April, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 2-3 Day Hospital Stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chirurgia (Bucur). 2012 Jan-Feb; 107(1): 47-51. Predictors for duration of hospital stay after abdominal wall hernia repairs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons Patient Education - Ventral Hernia Laparoscopic Ventral Hernia Repair: A report of 100 consecutive cases. Surg Endoscopy. 2000 May; 14(5): 419-23. Laparoscopic Incisional Hernia Repair Reduces Length of In-Hospital Stay. Ambulatory Surgery 17.4 April, 2012. Predictors of in-hospital length of stay after laparoscopic ventral hernia repair: results of multivariate logistic regression analysis. Surg Endosc. 2010 Nov; 24(11): 2789-92.

Decision rationale: Multiple articles were reviewed in regards to length of stay following ventral hernia repair. The American College of Surgeons Patient Education reports average LOS for laparoscopic ventral hernia repair to be 2 days vs. 4 days for an open ventral hernia repair. Additionally, others report mean LOS for laparoscopic ventral hernia repair to be 1.54 days (range 0-22 days). Another article reported average LOS as 1.6 days for laparoscopic ventral hernia repair vs. 5.1 days for open ventral hernia repair. Predictors of longer LOS for ventral hernia repair include mesh size, incarceration, patient age, and a complex hernia. Because all sources report average LOS > 1.5 days for laparoscopic ventral hernia repair and 4-5 days for open ventral hernia repair, the prior utilization review is overturned. Although this patient does not have predictors for longer length of stay for laparoscopic ventral hernia repair, there is mention of the complexity of the repair predicted by the surgeon. Additionally, as the average LOS for ventral hernia repair is over 1 day, it is more reasonable to do the surgery at a hospital to allow for admission for postoperative pain control and care. The surgeon does not specify whether or not the hernia repair will be laparoscopic or open, but even though laparoscopic ventral hernia repair shows shorter average LOS postoperatively, the average is still > 1.5 days in studies, which would not be appropriate for an outpatient surgery center and would be more appropriately done at the hospital to allow for needed postoperative care.

