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| Case Number: | CM15-0185984 | | |
| Date Assigned: | 09/28/2015 | Date of Injury: | 03/29/2005 |
| Decision Date: | 11/10/2015 | UR Denial Date: | 09/09/2015 |
| Priority: | Standard | Application Received: | 09/21/2015 |

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 67-year-old who has filed a claim for chronic groin pain reportedly associated with an industrial injury of March 29, 2005. In a Utilization Review report dated September 9, 2015, the claims administrator failed to approve a request for a follow-up visit with a general surgeon. The claims administrator referenced progress notes of April 16, 2015, July 8, 2015, and August 18, 2015 in its determination. Despite the fact that the MTUS addressed the topic, non-MTUS ODG Guidelines were invoked. The applicant's attorney subsequently appealed. On April 16, 2015, the applicant was placed off of work, on total temporary disability. On April 16, 2015, it was stated that the applicant's incisional hernia was growing larger. The applicant was asked to follow up with her general surgeon to further evaluate the same. On August 19, 2015, the attending provider again stated the applicant had issues with an incisional hernia. The request for general surgery consultation prior to pursuit of a herniorrhaphy was reiterated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit #2 with general surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Evaluation & Management (E&M).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Yes, the request for a follow-up visit with a general surgeon was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the applicant's primary treating provider (PTP) was likely ill-equipped to address issues with and/or allegations of a growing incisional hernia. Obtaining the added expertise of a practitioner better equipped to address such issues, such as a general surgeon, was, thus, indicated. Therefore, the request for a follow-up visit with a general surgeon was medically necessary.