

<b>Case Number:</b>	CM15-0198669		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	07/01/2015
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 44 year old male with an industrial injury dated 07-01-2015. A review of the medical records indicates that the injured worker is undergoing treatment for small ventral hernia at umbilicus-limited. According to the progress note dated 08-12-2015, the injured worker reported pain and discomfort of the umbilical area with a hernia. The discomfort increase with stress related movement or weight lifting by his report. Objective findings (08-12-2015) revealed slightly distended umbilical area to deep palpitation, reproducible discomfort, localized inflammatory swelling clinically, no rebound discomfort, and present bowel sounds within normal limits. In a progress report dated 09-03-2015, the injured worker presented for recheck evaluation for small ventral hernia at umbilicus area, limited clinically, with positive Computed tomography scan of the abdomen with the documented bowel in umbilical-belly button area. The injured worker reported vague plus and minus pulling discomfort of the area that is still present with no change in color. Abdomen exam (09-03-2015) revealed small umbilical hernia; totally reproducible, soft, bowel sounds within normal limits and subjective vague discomfort with increased range of motion of the abdominal and contiguous back area. Treatment has included CT of the abdomen and periodic follow up visits. There were no radiographic imaging submitted for review. The treating physician prescribed services for umbilical hernia repair with mesh, assistant surgeon, Pre-operative CBC, Pre-operative CMP , Pre-operative EKG, Post-op Percocet 5-325mg #24 x 2 refills and Post-op Keflex 500mg #4. The utilization review dated 10-02-2015, non-certified the request for umbilical hernia repair with mesh, assistant surgeon, Pre-operative CBC, Pre-operative CMP, Pre-operative EKG, Post-op Percocet 5-325mg #24 x 2 refills and Post-op Keflex 500mg #4.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Umbilical hernia repair with mesh:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hernia Surgery, Criteria for Hernia Repair.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hernia, Ventral Hernia Repair.

**Decision rationale:** There is sufficient clinical information provided to justify the medical necessity of a umbilical hernia repair. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of hernia repair. According to the Official Disability Guidelines (ODG), repair of ventral hernias is: "recommended in patients with pain and discomfort from the ventral hernia." CT scan results confirming hernia occurrence and a physical exam documenting the hernia's presence in a supine position are present in the medical report. The records also reflect the patient's hernia is interfering with physical activity. Thus, based on the submitted medical documentation, medical necessity for laparoscopic hernia repair of this patient's recurrent umbilical hernia has been established. Therefore, the request is medically necessary.

### **Assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Surgical Assistant.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hernia, Inguinal Hernia Repair, ODG, Surgical assistant.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of an assistant surgeon. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of hernia repair with an assistant. According to the Official Disability Guidelines (ODG), an assistant surgeon is: "Recommended as an option in more complex surgeries as identified below. An assistant surgeon actively assists the physician performing a surgical procedure." This patient has been demonstrated to have a symptomatic, small umbilical hernia. The hernia is reducible. The hernia does not have any documented evidence of obstruction or incarceration. The medical record does not indicate that there is a sliding component to the hernia sac that contains bowel or other organs, which would require a more complex dissection than would otherwise be expected. Therefore, based on the submitted medical documentation, the request for surgical assistant is not medically necessary.

### **Pre-operative CBC:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Pre-operative lab testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Preoperative Lab Testing.

**Decision rationale:** There is sufficient clinical information provided to justify the medical necessity of CBC testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of preoperative lab testing. According to the Official Disability Guidelines (ODG), pre-operative medical clearance is: "The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings." Per ODG, "A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated." Anticoagulants. A review of the medical documentation provided demonstrates that this patient is to have an umbilical hernia repair. Umbilical hernia repair involves entrance into the peritoneal cavity. The procedure has the potential for moderate perioperative blood loss. Thus, based on the submitted medical documentation, medical necessity for CBC testing has been established. Therefore, the request is medically necessary.

**Pre-operative CMP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Pre-operative lab testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Preoperative Lab Testing.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of CMP testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of preoperative lab testing. According to the Official Disability Guidelines (ODG), pre-operative medical clearance is: "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings." Per ODG, "Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure." A review of the medical documentation provided demonstrates that this patient does not have any active medical conditions which are uncontrolled and cause metabolic derangements. He does not take any medications that adversely affect electrolyte levels and has not been documented to have abnormal values on prior metabolic panel testing. Thus, based on the submitted medical documentation, medical necessity for CMP testing has not been established. Therefore, the request is not medically necessary.

**Pre-operative EKG:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Pre-operative Electrocardiogram (ECG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Preoperative Lab Testing.

**Decision rationale:** There is sufficient clinical information provided to justify the medical necessity of EKG testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of preoperative lab testing. According to the Official Disability Guidelines (ODG), pre-operative EKG is: "Necessary for patients undergoing high or intermediate risk surgical procedures." Hernia repair is considered an intermediate risk surgical procedure due to intraperitoneal manipulation of the hernia sac and contents. Additionally, this patient is over the age of 40 with risk factors for coronary artery disease. Thus, based on the submitted medical documentation, medical necessity for EKG testing has been established. Therefore, the request is medically necessary.

**Post-op Percocet 5/325mg #24 x 2 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** There is sufficient clinical information provided to justify the medical necessity of post-operative opiates after general surgery procedures. The California MTUS guidelines state that opiates are recommended for acute pain, especially in the post-operate period after major surgery or injury. This patient's clinical records indicate that the patient is to have an umbilical hernia repair with foreign body implant (surgical mesh) for repair of his abdominal wall defect. Therefore, based on the submitted medical documentation, the request for post-operative analgesics with Percocet is medically necessary.

**Post-op Keflex 500mg #4:** 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 Merck Manual, 2015, Antibiotic Prophylaxis for Surgical Procedures by Paul K. Mohabir, MD, Jennifer Gurney, MD  
<http://www.merckmanuals.com/professional/special-subjects/care-of-the-surgical-patient/antibiotic-prophylaxis-for-surgical-procedures>.

**Decision rationale:** There is sufficient clinical information provided to justify the medical necessity of post-operative prophylactic antibiotics in general surgery procedures. The California MTUS guidelines, Occupational Disability Guidelines and the ACOEM Guidelines do not address the topic of post-operative prophylactic antibiotics in general surgery procedures. Therefore, a review of outside sources was completed. According to the 2015 Merck Manual, postoperative prophylactic antibiotics are recommended for procedures which involve mesh implantation with risk of contamination from skin or bowel flora. This patient's clinical records indicate that the patient is to have a foreign body implants (surgical mesh) for repair of his umbilical hernia. Therefore, based on the submitted medical documentation, the request for post-operative prophylactic antibiotics with Keflex is medically necessary.