

Case Number:	CM14-0136929		
Date Assigned:	09/03/2014	Date of Injury:	12/03/2011
Decision Date:	12/15/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/25/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 43-year-old female who reported an injury on 12/03/2011. The injured worker was on regular duty, when in the midst of an arrest, sustained a severe back injury that resulted in disc herniation and the need for light duty work. It was documented the injured worker's subsequently gained approximately 65 pounds, to a weight of 245 pounds during recovery, and has now returned to a normal weight of 180 pounds. The injured worker was bothered by pain and tenderness due to the persistence of redundant skin of the abdominal wall that catches between the gun belt and safety vest at work. There is a report of severe and painful pinching and bruising of the abdominal wall with rapid entering and exiting of the patrol vehicle due to the presence of redundant skin. The injured worker remains on active duty at this time, but feels encumbered by symptoms of discomfort making it difficult to perform tasks without excessive pain. The worker was evaluated on 07/21/2014. It was documented on the physical examination the injured worker was revealed to be a healthy appearing, trim 42-year-old. Examination was limited to the abdomen and trunk, where no visible scars were present. The injured worker's abdomen had muscle relaxation at rest with protrusion of lower abdomen. Substantial amounts of redundant and loose skin were present across the entire mid and lower abdomen. No hernias were palpable or visible. Treatment plan included for the injured worker to undergo a full abdominoplasty for muscle integrity to remove the redundant skin that is being pinched by her police and safety equipment while at work. Diagnosis included low back pain, sciatica, and lumbar radiculopathy. Request for Authorization dated 07/23/2014 was for postoperative office visits 2 x a week for 4 weeks, 2 x a month for 3 months, 1 x a month for 3 months, and 1 overnight stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative office visits 2x week for 4 weeks, 2x a month for 3 months, 1x a month for 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment of Workers' Compensation: Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetic, Office Visits.

Decision rationale: The Official Disability Guidelines state that post-operative office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The request that was submitted for review failed to include why post-operative visits are being requested. As such, the request for Postoperative Office Visits 2 x weeks for 4 weeks, 2 x a month for 3 months, 1 x a month for 3 months is not medically necessary.

1 Overnight Stay: Upheld

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 Official Disability Guidelines (ODG), Diabetes, Hospital Length of Stay.

Decision rationale: The Official Disability Guidelines state that inpatient length of stay is based on the need for postcritical care monitoring, procedures requiring inpatient hospitalization, nursing interventions at least every 4 to 8 hours, and IV medications requiring hospitalization for initial therapy. Given the proposed surgical intervention, the injured worker's age and weight, the need for inpatient stay is not evident in this case. This should be performed as an outpatient procedure. Moreover, the requested procedure was not identified in decision 1. As such, the request for 1 Night Over Stay is not medically necessary.

