MAXIMUS Federal Services

Case Number:	CM14-0217465		
Date Assigned:	01/07/2015	Date of Injury:	03/10/2001
Decision Date:	03/26/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65 year old male who sustained an industrial related injury on 3/10/01. The injured worker had complaints of abdominal pain and chest wall pain. Diagnoses included status post chest wall contusion with residual pain and abdominal hernia. Medications included Tramadol and Lidocaine patches. The treating physician requested a consultation with a general surgeon for the abdominal hernia. On 12/16/14 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was no documentation that the injured worker was medically stable enough to undergo the ventral hernia surgery at this time as sufficient weight loss has not been achieved. A 50-60 pound weight loss was recommended before surgical intervention was considered. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

General Surgeon Referral: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2009: ACOEM Practice Guidelines, 2nd Ed (2004) p. 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The claimant is more than 15 years status post work-related injury and is being treated for an abdominal hernia. Surgery is being planned pending weight loss. Although the claimant may not be ready to undergo the hernia repair surgery, by consulting with the surgeon, the PTP and patient should expect to know what the target weight would be and any other parameters regarding the planned procedure, also taking into consideration the claimant's other medical problems. Therefore, the requested consult is medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant is more than 15 years status post work-related injury and is being treated for an abdominal hernia. Surgery is being planned pending weight loss. Although the claimant may not be ready to undergo the hernia repair surgery, by consulting with the surgeon, the PTP and patient should expect to know what the target weight would be and any other parameters regarding the planned procedure, also taking into consideration the claimant's other medical problems. Therefore, the requested referral is medically necessary.