MAXIMUS Federal Services

Case Number:	CM15-0123958		
Date Assigned:	07/08/2015	Date of Injury:	03/16/2007
Decision Date:	08/21/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/26/2015

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 61-year-old male, who sustained an industrial injury on 3/16/07. The symptoms experienced were not included. The injured worker was diagnosed as having neck, low back and groin strains. Treatment to date has included physical therapy, surgery and medication. Currently, the injured worker complains of low back pain that radiates to his right lower extremity and left shoulder pain. He reports pain and difficulty lying on his left side, reaching up and back. He also reports left inguinal area pain. The injured worker is diagnosed with post left inguinal hernia repair, left groin muscle strain and left groin tender nodule, rule out lymph node. His work status is permanent and stationary. A note dated 2/2/15 states the injured worker is complaining of increased pain in the left inguinal region. A referral was made to a surgeon. The surgeon's note, dated 4/28/15, states the injured worker is experiencing pain at the left inguinal area. There is a tender nodule in the left groin/rule out lymph node. The following, surgical excision of left groin nodule, assistant surgeon, pre-operative clearance, associated surgical service; unknown anesthesia are requested to relieve the injured workers industrial related injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical excision of left groin nodule: 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 Diagnostic Biopsy of Lymph Nodes of the Neck, Axilla and Groin: Rhyme, Reason or Chance, Ann R Coll Surg Engl. 2008 Apr; 90(3): 221-225.

Decision rationale: The MTUS is silent in regards to surgical excision of a left groin nodule. There have been attempts to develop protocols for management of enlarged superficial nodes but frequently the most important diagnostic tool is examination by an experienced clinician since suspicion of pathology is multi-factorial and determined by size, form, consistency, site, associated symptoms and signs, and risk factors for disease. Following history taking and close examination of the area of nodal drainage and of other lymph node sites, performed by a clinician knowledgeable of locoregional disease processes, any suspicious node is subjected to fine needle aspiration cytology. Where there is clinical doubt as to the significance of a lymph node, ultrasound scanning is becoming a valuable screening tool. Cytology has high sensitivity for detecting metastatic nodal disease, though it is less useful for lymphomas and tuberculous lymphadenitis, where surgical biopsy is usually necessary to confirm the diagnosis, and additionally to identify the subtype of lymphoma or to provide material for culture and sensitivity for tuberculous lymphadenitis. The examining physician reports a tender lump in the groin following a hernia repair. There is nothing in the exam reporting risk factors, associated signs and symptoms, etc. Additionally, there is nothing in the physician notes suggesting what the clinical suspicion is. It states that there is a tender nodule in the left groin/rule out lymph node. However, there is no suspicious finding reported as to why the lymph node should be biopsied. Additionally, there has been no imaging or FNA cytology to date. Therefore, this surgery is found not to be medically necessary.

Assistant surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: unknown anesthesia: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.