

<b>Case Number:</b>	CM15-0172225		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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 43 year old male who sustained an industrial injury on June 18, 2012. A recent primary treating office visit dated January 12, 2015 reported the worker unable to see orthopedist or hernia specialist due to authorization pending. The treating diagnoses were: status post inguinal hernia repair, and umbilical; gastroesophageal reflux disease, labrum tear hip, and recurrent of left inguinal hernia. The plan of care noted referral to orthopedist, and surgeon. At primary treating follow up dated March 16, 2015, the plan of care noted recommending surgical repair for umbilical and left inguinal hernia. Previous treatment to include: activity modification, pain management, right hip arthrogram, injection (June 16, 2015), course of physical therapy. At primary follow up dated July 27, 2015 the plan of care is noted with recommendation to undergo hip arthroscopy; course of post-operative physical therapy; medical clearance; crutches, vascular stockings; use of a transcutaneous nerve stimulator unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Open repair of Supra Umbilical Hernia, possibly with mesh QTY 1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability

Guidelines (ODG) Treatment in Workers' Compensation, 5th Edition, 2007 or current year.  
Hernia Surgery.

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

**Decision rationale:** There is sufficient clinical information provided to justify the medical necessity of a supra umbilical hernia repair for this patient. 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." The medical records noted CT scan results confirming hernia and a detailed physical exam by the patient's surgical provider noted a reducible supraumbilical hernia defect, which was painful with physical activity. Failure to repair ventral hernias can lead to enlargement, bowel obstruction or strangulation (loss of blood supply to the bowel). Thus, based on the submitted medical documentation, medical necessity for laparoscopic hernia repair of this patient's recurrent umbilical hernia has been established.

**Pre-operative Physical:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Non-cardiac Surgery (<http://circ.ahajournals.org/cgi/content/full/116/17/e418>).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative lab testing.

**Decision rationale:** There is sufficient clinical information provided to justify the medical necessity of a history and physical exam 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 History and Physical is: "for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications." This patient has a complex medical history with a prior inguinal hernia repair. The patient has received multiple medical interventions to treat his industrial related injuries. It is necessary to assess this patient's fitness for anesthesia and his risk of postoperative complications. Thus, based on the submitted medical documentation, medical necessity for a History and Physical has been established.

**Pre-operative CBC:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Pre-operative evaluation" from the National Guideline Clearinghouse ([http://guideline.gov/summary/summary.aspx?doc\\_id=12793&nbr=006682](http://guideline.gov/summary/summary.aspx?doc_id=12793&nbr=006682)).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative 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 a supraumbilical hernia repair. Ventral hernia repair requires entry into the peritoneal cavity for hernia reduction, adhesiolysis and implantation of synthetic mesh to close the abdominal wall defect and resection of the hernia sac. The procedure has the potential for excessive perioperative blood loss. Thus, based on the submitted medical documentation, medical necessity for CBC testing has been established.

**Pre-operative BMP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Pre-operative evaluation" from the National Guideline Clearinghouse ([http://guideline.gov/summary/summary.aspx?doc\\_id=12793&nbr=006682](http://guideline.gov/summary/summary.aspx?doc_id=12793&nbr=006682)).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative testing.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of BMP 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 except for those related to his industrial accident. He does not take any electrolyte affecting medications and has not been documented to have abnormal values on prior metabolic panel testing. Thus, based on the submitted medical documentation, medical necessity for BMP testing has not been established.

### **Pre-operative PT/PTT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Pre-operative evaluation" from the National Guideline Clearinghouse ([http://guideline.gov/summary/summary.aspx?doc\\_id=12793&nbr=006682](http://guideline.gov/summary/summary.aspx?doc_id=12793&nbr=006682)).

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

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of PT/PTT 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, "Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants." A review of the medical documentation provided demonstrates that this patient does not have any active medical conditions. He does not take any anticoagulants or have any known bleeding disorders. Thus, based on the submitted medical documentation, medical necessity for PT/PTT testing has not been established.

### **Pre-operative Urinalysis: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Pre-operative evaluation" from the National Guideline Clearinghouse ([http://guideline.gov/summary/summary.aspx?doc\\_id=12793&nbr=006682](http://guideline.gov/summary/summary.aspx?doc_id=12793&nbr=006682)).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative testing.

**Decision rationale:** There is sufficient clinical information provided to justify the medical necessity of UA 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, "Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material." A review of the medical documentation provided demonstrates that this patient is to

have a supraumbilical hernia repair. This type of hernia repair involves implantation of new mesh to close the ventral defect and resection of the hernia sac. Mesh is a foreign body material. Thus, based on the submitted medical documentation, medical necessity for UA testing has been established.

**Pre-operative ECG: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Pre-operative evaluation" from the National Guideline Clearinghouse  
([http://guideline.gov/summary/summary.aspx?doc\\_id=12793&nbr=006682](http://guideline.gov/summary/summary.aspx?doc_id=12793&nbr=006682)).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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." Ventral hernia repair is considered an intermediate risk surgical procedure due to intraperitoneal manipulation of the hernia sac and its 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.