

Case Number:	CM15-0176996		
Date Assigned:	09/17/2015	Date of Injury:	10/24/2014
Decision Date:	11/18/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/08/2015

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 51 year old male, who sustained an industrial injury on 10-24-2014. The injured worker was diagnosed paraesophageal hernia, mediastinal abscess status post drainage and repair, ruptured esophagus, esophageal perforation. The request for authorization is for: urinalysis (U/A), medical clearance, repair ventral hernia with mesh, CBC, CMP, PT, PTT. The UR dated 8-21-2015: non-certified repair ventral hernia with mesh, medical clearance, CBC, CMP, PT, PTT, and U/A. On 5-20-2015, he is reported to have had an esophageal perforation, esophageal rupture 10 days after hiatal hernia repair. On 6-10-15, the records indicate he had gastrointestinal bleeding and inpatient care for repair of an esophagus rupture during repair of a hiatal hernia. He reported continued episodes of spasms in the esophagus with inability to keep eating. On 7-1-2015, he is noted to have been hospitalized for low blood count and required a blood transfusion. The treatment and diagnostic testing to date has included: medications, home health care, abscess drainage and repair, esophagogastroduodenoscopy and esophageal stent placement, infectious disease treatment, intravenous medications, CT scan of the chest (1-17-14), upper GI series imaging (1-13-15), lab-work (January 2015), physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair Ventral Hernia 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 (ODG); Hernia.

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 ventral 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. This patient was denied authorization on prior peer review because the reviewer claimed that the patient's hernia must be documented to be examined in a sitting and standing position. Some ventral hernias are not clinically apparent without increased intra-abdominal pressure applied during standing. This patient's ventral hernia was documented by his surgeon as readily apparent, painful with physical activity and clearly defined 2x6cm above the umbilicus. Therefore, based on the submitted medical documentation, the request for incisional ventral hernia repair is medically necessary.

Associated Surgical Service: Medical Clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id-48408>.

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 pre-operative medical clearance for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of medical clearance. 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. This patient has had an extremely complex past medical history with prior abdominal and thoracic surgery. The patient has had a history of septic shock with prolonged prior hospitalization, respiratory failure and ventilatory associated pneumonia with intra-abdominal and intra-thoracic abscess. Given this history, medical clearance is absolutely necessary due to concern for active medical comorbidities. Thus, based on the submitted medical documentation, medical necessity for pre-operative medical clearance has been established.

Associated Surgical Service: 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 (ODG); Low Back.

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

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 incisional ventral hernia repair. Recurrent ventral hernia repair involves reentry through the patient's old abdominal incision with dissection of the hernia sac back into the peritoneal cavity. 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.

Associated Surgical Service: CMP: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back.

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 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), 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 has significant active medical conditions. This patient has had an extremely complex past medical history with prior abdominal and thoracic surgery. The patient has had a history of septic shock with prolonged prior hospitalization, respiratory and renal failure with ventilatory associated pneumonia and intra-abdominal / intra-thoracic abscesses. Given this history, a metabolic panel is absolutely necessary due to concern for active medical comorbidities. Thus, based on the submitted medical documentation, medical necessity for CMP testing has been established.

Associated Surgical Service: PT/PTT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back..

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 has had a significant past medical history. However, the patient has not been on any recent blood thinners that affect the PT/PTT intrinsic pathway. 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.

Associated Surgical Service: U/A: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back.

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 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 an incisional ventral hernia repair. Ventral incisional hernia repair involves implantation of mesh to close the

abdominal wall defect and resect the hernia sac. Mesh is a foreign body material, thus, based on the submitted medical documentation, medical necessity for UA testing has been established.