

<b>Case Number:</b>	CM15-0044361		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	12/11/2014
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Texas

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 51-year-old male who reported an injury on 12/11/2014. The mechanism of injury was lifting a heavy truck lid without a tool, and hurting his abdomen. The treatment received was a hot and cold pack, a back brace to help bind torso, ice pack, and Tylenol. Diagnostic studies include a CT of the abdomen from 10/11/2014 that notes the patient had prior gastric bypass surgery with a small hiatal hernia unchanged when compared to the prior CT. There was postsurgical change of the inferior abdomen wall, likely with a prosthetic mesh in place between the rectus muscles without evidence of ventral hernia. The injured worker has had previous ventral hernia and previous gastric bypass surgery. The progress report from 02/24/2015 noted that the injured worker has abdominal pain with tenderness to palpation just to the right of the midline abdomen with no rebound pain. There was positive bowel sounds without guarding or rebound pain. The note from 01/22/2015 noted that the injured worker feels like something is popping when he does a Valsalva. The clinical note from 02/24/2015 notes that although no ventral hernia was found by the provider or the CT scan, the general surgeon did not a ventral hernia. The general surgeon notes that after the injured worker having at least 2 abdominal surgeries and having scar tissue/mesh, there could be an obscured view of the ventral hernia on the CT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Ventral Hernia Repair: 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 Chapter, Ventral hernia repair.

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

**Decision rationale:** The injured worker has abdominal pain that feels like something is popping when he does a Valsalva. The injured worker had palpable tenderness just to the right of the midline abdomen. There was no rebound pain or guarding. A previous CT noted that there was no ventral hernia. The clinical note from 02/02/2015 notes that there was a large ventral hernia of 10 cm x 8 cm. The progress note from 02/24/2015 notes that although no ventral hernia was noticed on the progress notes or on the CT scan, the general surgeon did find a ventral hernia due to the previous 2 abdominal surgeries that the injured worker had previously had, the scar tissue and mesh obscured the clear resolution of the ventral hernia on the CT. The Official Disability Guidelines recommend surgery for a ventral hernia, for hernias that are detected on routine physical examination. Therefore, the request for ventral hernia repair is certified.

### **Pre-operative office visit with Venipuncture and EKG: 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), Low Back, Preoperative lab testing, Preoperative EKG.

**Decision rationale:** The injured worker has abdominal pain that feels like something is popping when he does a Valsalva. The injured worker had palpable tenderness just to the right of the midline abdomen. There was no rebound pain or guarding. A previous CT noted that there was no ventral hernia. The clinical note from 02/02/2015 notes that there was a large ventral hernia of 10 cm x 8 cm. The progress note from 02/24/2015 notes that although no ventral hernia was noticed on the progress notes or on the CT scan, the general surgeon did find a ventral hernia due to the previous 2 abdominal surgeries that the injured worker had previously had, the scar tissue and mesh obscured the clear resolution of the ventral hernia on the CT. The Official Disability Guidelines recommend that a preoperative EKG be performed for patients that are undergoing high-risk surgical or intermediate risk surgical procedures. Venipuncture would be recommended for patients that are at risk for increased anemia or patients who have significant perioperative blood loss anticipated. They are also recommended for patients who have a history of bleeding or medical conditions that predispose them to bleeding. There is no documentation that the injured worker has any at risk factors that would require them to need preoperative lab testing, and there is also no documentation of the injured worker receiving any intermediate risk or high-risk surgery. Therefore, the request for Pre-operative office visit with Venipuncture and EKG is not medically necessary.

### **Pre-operative Chest X-ray: 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), Low Back, Preoperative testing, general.

**Decision rationale:** The injured worker has abdominal pain that feels like something is popping when he does a Valsalva. The injured worker had palpable tenderness just to the right of the midline abdomen. There was no rebound pain or guarding. A previous CT noted that there was no ventral hernia. The clinical note from 02/02/2015 notes that there was a large ventral hernia of 10 cm x 8 cm. The progress note from 02/24/2015 notes that although no ventral hernia was noticed on the progress notes or on the CT scan, the general surgeon did find a ventral hernia due to the previous 2 abdominal surgeries that the injured worker had previously had, the scar tissue and mesh obscured the clear resolution of the ventral hernia on the CT. The Official Disability Guidelines recommend preoperative testing such as chest radiography if the injured worker is at risk for postoperative pulmonary complications, if the results would change perioperative management. There is no documentation that the injured worker has any risk for postoperative pulmonary complications. Therefore, the request for a preoperative chest x-ray would not be medically necessary.