MAXIMUS Federal Services

Case Number:	CM15-0049870		
Date Assigned:	03/23/2015	Date of Injury:	07/07/2000
Decision Date:	05/13/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/17/2015

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, Arizona
Certification(s)/Specialty: Surgery, Plastic 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 59-year-old male who reported an injury on 07/07/2000. The mechanism of injury was lifting. He was diagnosed with Barrett's esophagus and GERD. His past treatments were noted to include medications. His diagnostic studies include esophagus barium swallow study performed on 09/23/2014, which was noted to reveal small hiatal hernia; normal esophageal mobility with no esophageal strictures. On 02/10/2015, the injured worker reported GERD symptoms continued. Upon range of motion, the injured worker denied abdominal pain, acid reflux, constipation, diarrhea, heartburn, nausea and vomiting. Upon physical examination it was noted the injured worker deferred the examination. His medications were not provided. The treatment plan obtains the official interpretation of the manometry study and return for completion and decision for surgery. A request was submitted for robotic assisted laparoscopic hiatal hernia repair and fundoplication, surgical assistant and 2 day inpatient hospital stay; however, the rationale was not provided. A Request for Authorization was submitted on 02/10/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robotic Assisted Laparoscopic Hiatal Hernia Repair and Fundo-Plication: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Evidence, BMJ Publishing Group, Ltd.; London, England; www.clinicalevidence.com; Section: Digestive System Disorders; Condition: Inguinal 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, Knee & leg, Robotic assisted knee arthroplasty and Other Medical Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines. Hiatal Hernia repair. Online database. Last accessed on 05/07/2015.

Decision rationale: The request for robotic assisted laparoscopic hiatal hernia repair and fundoplication is not medically necessary. The California MTUS/ACOEM Guidelines do not address this request specifically. The Milliman Care Guidelines state criteria for hiatal hernia repair should include symptomatic GERD unresponsive to medical therapy, surgical treatment of GERD, and treatment of GERD after endoscopic therapy of Barrett esophagus with high grade dysplasia, carcinoma in situ, or mucosal carcinoma. Based on the injured worker's symptoms and esophagus barium swallow study which revealed a small hiatal hernia, surgical repair would be appropriate. However, in regard to the robotic assistive device, the Official Disability Guidelines do no recommended robotic assistive device as there is insufficient evidence to conclude that a robotic assisted surgical procedure provides comparable or better outcomes to a conventional open or minimally invasive surgical procedure. Given the above, the request is not supported by the guidelines. As such, the request for assisted laparoscopic hiatal hernia repair and fundoplication is not medically necessary.

Surgical Assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Evidence, BMJ Publishing Group, Ltd.; London, England; www.clinicalevidence.com; Section: Digestive System Disorders; Condition: Inguinal Hernia.

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.

2 Day Inpatient Hospital Stay: 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.