

Case Number:	CM15-0076478		
Date Assigned:	04/28/2015	Date of Injury:	01/22/2015
Decision Date:	07/27/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/21/2015

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 35 year old male, who sustained an industrial injury on January 22, 2015. He reported persistent right groin pain. The injured worker was diagnosed as having right unilateral inguinal hernia. Treatment to date has included evaluations, medications and work modifications. Currently, the injured worker complains of persistent right groin pain and fullness. The injured worker reported an industrial injury in 2015, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on February 24, 2015, revealed continued complaints as noted. Preoperative clearance and surgical repair of the hernia was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laparoscopic right inguinal 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, Hernia, Surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ochsner Journal 2009 Spring; 9 (1): 11-13.

Decision rationale: The surgeon has reported a small inguinal hernia on examination. Although the other examination by the primary treating physician was not definitive for a hernia, the surgeon felt that there was a hernia on examination. As stated in the cited guideline, "When obvious hernias are involved and no other etiology is identified, primary treatment should be hernia repair." This is an otherwise apparently healthy male with a hernia palpable on examination and surgical repair is indicated. The Utilization Review is overturned, as the Utilization Review did not take into account the findings of the surgeon, who did find adequate clinical evidence of a symptomatic inguinal hernia. Therefore the request is medically necessary.

Pre-operative H&P: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative Lab Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Non-cardiac Surgery: Guidelines and Recommendations American Family Physician. 2013 March 15; 87(6): 414-418.

Decision rationale: The MTUS does not provide direction for pre-operative evaluations. The evidence-based treatment guideline cited above recommends pre-operative testing for certain individuals based on specific risk factors. The need for any testing and assessment of safety to proceed with the surgery is determined through a pre-operative medical evaluation. The requested medical evaluation is therefore medically necessary. The Utilization Review is overturned, as this evaluation is indicated in light of the surgery which is medically necessary.

Pre-operative physical: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hernia, Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Non-cardiac Surgery: Guidelines and Recommendations American Family Physician. 2013 March 15; 87 (6): 414-418.

Decision rationale: A preoperative physical exam would be warranted as "practice guidelines continue to recommend testing in select patients guided by a perioperative risk assessment based on pertinent clinical history and examination findings". The preoperative evaluation would help identify any red flags and determine if further testing would be warranted (see above). The Utilization Review is overturned, as this evaluation is indicated in light of the surgery which is medically necessary.

Pre-operative labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative Lab Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Non-cardiac Surgery: Guidelines and Recommendations American Family Physician. 2013 March 15; 87 (6): 414-418.

Decision rationale: It may be medically necessary to obtain preoperative labs, although tests are indicated based on patient-specific risk factors. A CBC is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Any other "labs" might be indicated based on specific risk factors. These risks were not discussed. Preoperative testing should be based on a perioperative risk assessment. The records do not show that the necessary risk assessment has taken place in order to justify the requested tests. Therefore the request is not medically necessary

Pre-operative chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative Lab Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Non-cardiac Surgery: Guidelines and Recommendations American Family Physician. 2013 March 15; 87 (6): 414-418.

Decision rationale: It may be medically necessary to obtain preoperative tests, including a chest x-ray. This test would be indicated based on patient-specific risk factors. These risks were not discussed. In this young and otherwise healthy male undergoing non-cardiac surgery, a chest x-ray is not medically necessary per the cited guideline. Preoperative testing should be based on a perioperative risk assessment. The records do not show that the necessary risk assessment has taken place in order to justify the requested tests.

Pre-operative EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative Electrocardiogram.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Non-cardiac Surgery: Guidelines and Recommendations American Family Physician. 2013 March 15; 87(6): 414-418.

Decision rationale: It may be medically necessary to obtain preoperative tests, although tests are indicated based on patient-specific risk factors. These risks were not discussed. In this young and otherwise healthy male undergoing non-cardiac surgery, an EKG is not medically necessary per the cited guideline. Preoperative testing should be based on a perioperative risk assessment. The records do not show that the necessary risk assessment has taken place in order to justify the requested test.