

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



---

**Notice of Independent Medical Review Determination**

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	5/31/2013
Date of Injury:	3/7/2013
IMR Application Received:	6/17/2013
MAXIMUS Case Number:	CM13-0000731

- 1) MAXIMUS Federal Services, Inc. has determined the request for **posterior colporrhaphy, repair of rectocele with or without perineorrhaphy** is not medically necessary and appropriate.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/17/2013 disputing the Utilization Review Denial dated 5/31/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/22/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **posterior colporrhaphy, repair of rectocele with or without perineorrhaphy** is not **medically necessary and appropriate**.

### Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Surgery, and is licensed to practice in California. 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 treatments and/or services at issue.

### Expert Reviewer Case Summary:

This is a patient who claims to have suffered an acute enterocele/rectocele in 2010 while lifting 120 lbs. This was accompanied by urinary incontinence. The claimant underwent some type of surgery to repair this and was on light duty. There is no record of the operation, findings, or initial postoperative course. The claimant now has a clearly diagnosed rectocele. It is unclear if this is new, recurrent, or the result of surgical failure. The claimant is asking for Workers' Compensation coverage for repair.

### Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for posterior colporrhaphy, repair of rectocele with or without perineorrhaphy:**

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Mayo Clinic Website, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Wagenlehner FM, Bschiepfer T, Liedl B, Gunnemann A, Petros P, Weidner W., (2010) "Surgical reconstruction of Pelvic floor descent: anatomic and functional aspects". Clinic of Urology and Andrology, Justus Liebig University Rudolf-Buchheim-Strasse 7 DE-35385 Giessen, Germany. wagenlehner@aol.com.

Rationale for the Decision:

The records submitted for review include handwritten notes which were difficult to read, but stated the presence of a rectocele, enterocele, and vaginal prolapsed. There were multiple notes from the treating provider that mention rectocele without prolapsed, but only one that had a pelvic exam and suggested an isolated rectocele. The employee was not complaining of constipation, only pressure and burning. There was one mention of posterior rectocele repair being recommended. There is clearly an anatomic problem and the employee is an appropriate surgical candidate. There should be caution that the variability in the exams needs to be adjudicated so that the proper surgery, which may include hysterectomy, is carried out. **The request for posterior colporrhaphy, repair of rectocele with or without perineorrhaphy is medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/bh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.