

Case Number:	CM15-0125125		
Date Assigned:	08/04/2015	Date of Injury:	04/12/2007
Decision Date:	10/06/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/29/2015

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 64 year old male, who sustained an industrial injury on 4-12-2007. Diagnoses have included lumbar disc degeneration, chronic pain, lumbar radiculopathy, bilateral carpal tunnel syndrome and bilateral knee pain. Treatment to date has included magnetic resonance imaging (MRI), transcutaneous electrical nerve stimulation (TENS) and medication. According to the progress report dated 6-9-2015, the injured worker complained of constant neck pain radiating down the bilateral upper extremities. He complained of constant low back pain radiating down the bilateral lower extremities. He also complained of pain in his right wrist and bilateral hands. He rated his pain as three out of ten with medications and six out of ten without medications. Thoracic exam revealed spasm in the right paraspinous muscle. Exam of the lumbar spine revealed tenderness to palpation and limited range of motion. There was tenderness to palpation of the right wrist and hand. Authorization was requested for a cholecystectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 cholecystectomy: 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 SAGES guidelines for the clinical application of laparoscopic biliary tract surgery. Society of American Gastrointestinal and Endoscopic Surgeons (SAGES). SAGES guidelines for the clinical application of laparoscopic biliary tract surgery. Los Angeles (CA): Society of American Gastrointestinal and Endoscopic Surgeons (SAGES); 2010 Jan. 37 p. [177 references].

Decision rationale: Conditions requiring laparoscopic biliary tract surgery/cholecystectomy, including but not limited to: Choledocholithiasis; Cholelithiasis; Biliary dyskinesia; Acute cholecystitis; Pancreatitis related to common bile duct stones. Note: Asymptomatic gallstones are generally not an indication for laparoscopic cholecystectomy. The provider notes do not mention an abnormal abdominal exam, there is no record of abdominal ultrasound, HIDA, or other testing demonstrating cholelithiasis or any of the above. The included exams and imaging findings do not support biliary tract surgery. Additionally, there was no evaluation by a general surgeon. Therefore, the prior utilization review is upheld and the cholecystectomy is not medically necessary and appropriate.