

Case Number:	CM13-0028246		
Date Assigned:	11/22/2013	Date of Injury:	05/09/2009
Decision Date:	03/12/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in General Surgery and is licensed to practice in Texas. 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 physician 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/services.

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 patient is a 49-year-old female who reported a work related injury on 05/09/2009, mechanism of injury not specifically stated. The patient subsequently is status post a left lower quadrant hernia repair as of 01/24/2013 and again on 05/23/2013. The clinical letter dated 09/26/2013 reports medical necessity for further operative procedures for the patient's left-sided abdominal wall under the care of [REDACTED]. The provider documents the patient continues to present with complaints of disabling pain following the repair of her abdominal wall hernia on 01/24/2013. The provider documents, even though diagnostic laparoscopy performed subsequently on 05/23/2013 revealed intact mesh and no hernia, the patient's pain continues to persist and increase. The provider documented on 09/09/2013 evidence of a bulging to the area of the repair was noted, which indicates probable recurrence of the abdominal wall hernia. The provider documents, due to these physical findings, he recommends a laparoscopy and repair of the left-sided abdominal wall hernia recurrence.

IMR ISSUES, DECISIONS AND RATIONALES

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

outpatient hernia surgery with general surgeon and plastic surgeon: 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).

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

Decision rationale: The current request is supported. The provider documents that the patient continues to present with significant pain complaints status post a work related injury sustained on 05/09/2009 and 2 subsequent hernia surgeries, most recent having been performed on 05/23/2013. The provider documents diagnostic laparoscopy performed at that time revealed intact mesh and no hernia. However, the patient's pain continued to persist and increase. The provider documented re-examination of the patient on 09/09/2013 revealed a bulging in the area of the repair, which the provider documents indicates a probable recurrence of the abdominal wall hernia. California MTUS/ACOEM do not specifically address the requested procedure. However, Official Disability Guidelines indicate surgery is recommended when evidence of a palpable hernia is noted. The data suggests less persisting pain and numbness following laparoscopic repair. Given all of the above, the request for outpatient hernia surgery with general surgeon and plastic surgeon is medically necessary and appropriate.