

Case Number:	CM13-0035272		
Date Assigned:	12/13/2013	Date of Injury:	06/11/2013
Decision Date:	02/10/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/17/2013

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 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 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 34 year old male who had a right groin strain from lifting after work. Initially no hernia identified. Subsequent reducible hernia on the right, then the question a month later of left sided weakness. Request for repair denied, sighting watchful waiting is appropriate if no risk of incarceration. Patient is otherwise healthy and active.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair initial inguinal hernia, age 5 years or older; reducible: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Cameron's Current Surgical Therapy, 11th edition

Decision rationale: Watchful waiting is appropriate in elderly men, with significant comorbidity and low risk of incarceration. In young, active men, watchful waiting leads to continued enlargement and more difficult repair in the future, as well as increased symptomatology. The issue of open versus laparoscopic repair has evolved since the Cochran review of 2004. Open unilateral repair with mesh is similar to unilateral laparoscopic repair, but is of lower cost and a

slightly increased pain score in the first week. Recurrences are similar. For bilateral repairs, laparoscopy is preferred.