MAXIMUS Federal Services

Case Number:	CM13-0041789		
Date Assigned:	12/20/2013	Date of Injury:	09/05/2013
Decision Date:	05/30/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/30/2013

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. The expert 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 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/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 injured worker is a 56-year-old male who reported an injury on 09/05/2013, secondary to heavy lifting. Current diagnoses include inguinal hernia, tobacco smoker, essential hypertension, and CAD. The injured worker was evaluated on 10/23/2013. Physical examination revealed normal findings. Treatment recommendations included bilateral inguinal hernia repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

LAPAROSCOPIC REPAIR OF BILATERAL INGUINAL HERNIA: Upheld

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

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

Decision rationale: The Official Disability Guidelines (ODG) state there should be evidence of a hernia detected on routine physical examination. Laparoscopic repair is technically more difficult than an open repair. As per the documentation submitted, the injured worker's physical examination revealed normal findings. There is no objective evidence of bilateral inguinal hernias. Therefore, the current request cannot be determined as medically appropriate.