

Case Number:	CM13-0042326		
Date Assigned:	12/27/2013	Date of Injury:	11/19/2012
Decision Date:	08/25/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/17/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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 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 30-year-old male with an 11/19/12 date of injury, when he lifted a heavy object and felt pain in the left inguinal area. Hernia repair was performed on 1/2/13. On 9/3/13 the patient complained of continued inguinal pain. There was note of attempts at modified duty; however there was no modified duty available and the patient is unable to work. The patient experiences pain on a daily basis. Clinically, there is tenderness in the inguinal region with unremarkable findings in the testicles. There was subjective pain in the groin region with positive Patrick's-Fabere's sign. The patient was diagnosed with status post inguinal hernia repair, r/u inguinal neuralgia. The patient was also evaluated on 4/16/13 for postoperative pain in the left inguinal area, but there was no evidence of recurrent hernia. A referral to a hernia specialist was requested. 8/9/13 CT of the abdomen and pelvis revealed a small fat-containing midline ventral hernia at the level of the umbilicus and tiny right fat-containing inguinal hernia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hernia specialist consultation: Overturned

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 ACOEM Chapter 7 - Independent Medical Examinations

and Consultations, pages 127, 156 and the Official Disability Guidelines (ODG) ODG Pain Chapter, Office Visits.

Decision rationale: Medical necessity for the requested referral to a hernia specialist is established. The patient underwent hernia repair on 1/2/13, however remains symptomatic with pain in the left inguinal area. CT from 8/9/13 revealed a midline ventral hernia, as well as an inguinal hernia. This request previously obtained an adverse determination, as it was unclear when surgery was performed, and what postoperative treatment was provided. Within the context of this appeal, these issues were clarified and the official CT report was provided. ACOEM guidelines state that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. As the patient remains symptomatic long after the post-operative period, the request is substantiated. Therefore, the request of Hernia specialist consultation is medically necessary and appropriate.