

Case Number:	CM13-0050530		
Date Assigned:	12/27/2013	Date of Injury:	03/04/2013
Decision Date:	03/10/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/14/2013

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. 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 29-year-old male who reported an injury on 03/04/2013 due to lifting a heavy object which reportedly caused a left inguinal hernia. The patient underwent surgical repair for the hernia in 07/2013. The patient had continued abdominal pain. Physical findings revealed umbilicus pain with no significant bulging. The patient underwent a CT scan of the abdomen on 09/27/2013 that did not conclude there was an umbilical hernia; however, did note a right inguinal hernia. The patient's diagnosis included a right inguinal hernia without incarceration or strangulation. The patient's treatment recommendations included a robotic assisted right inguinal herniorrhaphy as well as an umbilical herniorrhaphy with mesh placement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robotic assisted right inguinal herniorrhaphy as well as umbilical herniorrhaphy with mesh placement/possible open: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Evidence: BMJ Publishing Group, Ltd.; London, England; www.clinicalevidence.com.

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, Surgery.

Decision rationale: The requested robotic assisted right inguinal herniorrhaphy as well as an umbilical herniorrhaphy with mesh placement/possible open is not medically necessary or appropriate. Official Disability Guidelines do recommend surgical intervention for hernias that can be palpated during a routine physical examination and are evident on an imaging study. The clinical documentation submitted for review does indicate that the patient underwent an imaging study that provided evidence of an inguinal hernia. However, an independent report of that imaging study was not submitted for review. Therefore, the need for surgical intervention cannot be determined. As such, the requested robotic assisted right inguinal herniorrhaphy as well as umbilical herniorrhaphy with mesh placement/possible open is not medically necessary or appropriate.