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| Case Number: | CM13-0057518 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 01/05/2000 |
| Decision Date: | 04/02/2014 | UR Denial Date: | 10/24/2013 |
| Priority: | Standard | Application Received: | 11/25/2013 |

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 Othopedic Surgery, has a subspecialty in Sports 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 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 64-year-old injured worker who reported an injury on 01/05/2000. The mechanism of injury was noted to be the patient was working on a steam rack and was given a lot of parts to clean. He asked a coworker to bring a forklift to lift some of the parts to make it easier to clean, and while turning a large part, the chain slipped from the forklift and as the patient reached for the part (which weighed over 100 pounds) to keep it from breaking the patient felt a pull in his neck and shoulders down to his low back. The physical examination on 10/03/2013 revealed the patient had a hernia in the right groin with a slight bulge. The physician indicated that the patient stated the symptoms for the groin area were present in 2000 and the physician indicated that he had seen the patient in the past and was not aware of symptoms being present in 2000. Additionally, it was indicated that when the patient coughs hard, his groin pops out. The patient had a small right inguinal hernia containing bowel on 07/18/2013 by ultrasonic evaluation. The patient had burning pain in the groin. The patient was noted to have a previous right inguinal hernia repair in the past, date of service not available for review. The submitted request was for a right inguinal hernia repair. The physician indicated the request was for a consultation for a surgeon regarding the hernia. The diagnosis was a right inguinal hernia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Inguinal Hernia repair surgery as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BMJ Publishing Group, Ltd; London, England; www.clinicalevidence.com; Section: Digestive System Disorders; Conditions; Inguinal Hernia; and the 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, Ventral hernia repair

Decision rationale: The Official Disability Guidelines (ODG) recommends a ventral hernia repair in patients with pain and discomfort from a ventral hernia. The documentation submitted for review indicated that the patient had a small right inguinal hernia containing bowel, as confirmed on 07/18/2013. The patient was noted to have severe burning and pain in the groin area. The request as submitted was for a right inguinal hernia repair surgery as an outpatient. The request per the physician note of 10/03/2013 was for a referral to a general surgeon for hernia repair. The request for a right inguinal hernia repair surgery as an outpatient would not be supported without a consultation. The request for a right inguinal hernia repair surgery as an outpatient is not medically necessary and appropriate.