

Case Number:	CM13-0059222		
Date Assigned:	12/30/2013	Date of Injury:	10/22/2011
Decision Date:	04/30/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	12/01/2013

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 Occupational 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:

Patient is a 56 year-old male with date of injury 10/22/2011. The most current medical record is a secondary treating physician's progress report, dated 8/08/2013, which lists subjective complaints as pain in the right groin following a hernia revision. He reports numbness on his right side. The patient underwent an inguinal hernia repair on 2/23/2011. He had an MRI of the pelvis on 3/03/2013, which showed a mesh plug and patch in the right and an inguinal hernia on the right. No hernia reoccurrence was noted. The objective findings were an examination of the right pelvic region revealed firmness, but no recurrent mass in the right groin with sensory deficits isolated to the right ilioinguinal nerve. His diagnosis includes: 1) a right post herniorrhaphy pain syndrome: with a history of meshoma, history of ilioinguinal neuralgia, and status post mesh replacement and right ilioinguinal neurectomy in 2013; 2) Depressive disorder 3) Hypertension 4) Medication-induced constipation. There is no documentation in the medical records that the patient has had any physical therapy or occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for six weeks for diagnosis of right 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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23.

Decision rationale: The Postsurgical Treatment Guidelines state that physical therapy after hernia surgery is not recommended. There is no evidence of successful outcomes compared to surgery. Therefore, the physical therapy twice a week for six weeks is not medically necessary.