

Case Number:	CM13-0061624		
Date Assigned:	02/20/2014	Date of Injury:	03/04/2013
Decision Date:	09/30/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/05/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 29 year old male with a 3/4/13 injury date. He was working lifting items weighing 100 pounds and strained his lower abdomen. In a follow-up on 6/24/13, subjective complaints included lower abdominal pain. Objective findings were tenderness to palpation of the left lower abdomen, and no palpable hernia. An ultrasound of the abdomen on 5/28/13 showed a small fat filled periumbilical hernia. The provider on 6/24/13 noted that the periumbilical hernia was of "no clinical significance." Diagnostic impression: left inguinal hernia. Treatment to date: left inguinal hernia repair (7/16/13), physical therapy, medications, activity modification. A UR decision on 11/22/13 denied the request for right herniorrhaphy on the basis that a left hernia repair has been done and there is no evidence in the documents for the presence of a right-sided hernia.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RIGHT HERNIORRHAPHY AND UMBILICAL HERNIORRHAPHY WITH MESH PLACEMENT/POSSIBLE AS AN OUTPATINET: Upheld

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 Official Disability Guidelines (ODG): Hernia Chapter.

Decision rationale: CA MTUS does not address this issue. ODG criteria for hernia repair include the presence of a symptomatic hernia on physical exam. In the present case, the patient has already had a left inguinal hernia repair. There is no documentation that shows any evidence or diagnosis of a right sided hernia. The patient appears to be doing well after left hernia repair. The small periumbilical hernia noted on ultrasound does not appear to be causing any symptoms and was noted by the practitioner to be "of no clinical significance." Therefore, the request for 1 RIGHT HERNIORRHAPHY AND UMBILICAL HERNIORRHAPHY WITH MESH PLACEMENT/POSSIBLE AS AN OUTPATINET is not medically necessary.