

<b>Case Number:</b>	CM13-0063744		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/27/2007
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 63-year-old male who reported an injury on 07/27/2007. The mechanism of injury was not specifically stated. The patient is currently diagnosed with abdominal pain. The patient was seen by [REDACTED] on 10/03/2013. The patient was status post robotic prostatectomy in 2008. The patient reported tightness, pain, and a pulling sensation in the peroneal area, as well as urge incontinence. It was noted that the patient was participating in pelvic physical therapy. Physical examination revealed palpable knots near the groin bilaterally with tenderness to deep palpation. The treatment recommendations included continuation of pelvic physical therapy and excision of the ends of the sling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Excision of mesh and scar from groin:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hernia Chapter, Laparoscopic repair (surgery).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-22.

**Decision rationale:** he California MTUS/ACOEM Practice Guidelines state in assessing acute or subacute complaints, the practitioner should first exclude conditions that could threaten life or limb if not diagnosed and treated emergently or urgently. The recommended process is therefore to seek red flags for potentially dangerous underlying conditions. In the absence of red flags, work-related complaints can be handled safely and effectively by occupational and primary care providers. The absence of red flags rules out the need for special studies, immediate consultation, referral, or inpatient care. As per the documentation submitted, the patient's physical examination on the requesting date of 10/03/2013 only revealed tenderness to deep palpation and palpable knots near the groin area bilaterally. Although the patient reported tightness, pain, and a pulling sensation, as well as urge incontinence, the patient has declined surgical recommendations. It was documented on the requesting date that the patient wishes to avoid any surgical recommendations. The patient has reported an improvement in symptoms with pelvic physical therapy, and was instructed to continue with treatment. Based on the clinical information received, the request is non-certified.

**Pre-op CBC:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary

**Pre-op urinalysis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-op urine culture:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary