

Case Number:	CM13-0067794		
Date Assigned:	01/03/2014	Date of Injury:	04/22/2002
Decision Date:	04/15/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/18/2013

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 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 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:

The patient is a 29-year-old male who reported an injury on 03/11/2013. The mechanism of injury involved a fall. The patient is currently diagnosed with left inguinal hernia. The patient was seen by [REDACTED] on 08/29/2013. The patient reported neck pain, left groin pain, and low back pain. Physical examination revealed 60 degrees flexion with 10 degrees extension of the lumbar spine, negative straight leg raising, 5/5 motor strength, and 70 degrees flexion and extension of the cervical spine. Treatment recommendations included left inguinal hernia repair and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

outpatient left hernia repair with mesh, pre-operative complete blood count (CBC), chest x-ray (CXR), and basic metabolic profile/panel (BMP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Preoperative evaluation from the National Guideline Clearinghouse.

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 and Low Back Chapter, Preoperative Testing, General.

Decision rationale: The Expert Reviewer's decision rationale: The Official Disability Guidelines state hernias should be detected on routine physical examination prior to surgical intervention. As per the documentation submitted, there was no documentation of a physical examination indicating the presence of an inguinal hernia. The patient's physical examination only addressed the cervical and lumbar spine. There is no documentation of persistent symptoms. There were no diagnostic studies provided for review. The medical necessity for the requested procedure has not been established. Additionally, the California MTUS Guidelines state the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. There is no documentation of a significant history with comorbidities that would warrant the need for preoperative testing. Based on the clinical information received and the Official Disability Guidelines, the request is noncertified.