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| <b>Case Number:</b>   | CM14-0011099 |                              |            |
| <b>Date Assigned:</b> | 02/21/2014   | <b>Date of Injury:</b>       | 01/30/2013 |
| <b>Decision Date:</b> | 07/24/2014   | <b>UR Denial Date:</b>       | 01/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/28/2014 |

### 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, has a subspecialty in Hand 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 request for removal of umbilical hernia mesh and replacement obtained an adverse determination due to lack of supporting documentation. The patient underwent two umbilical hernia repairs, however, the dates of past surgery, whether mesh was used both times, and the postoperative course of each occasion were not discussed. In addition, it was unclear if surgery was laparoscopic, if there was a trocar hernia from the prior cholecystectomy, and if there were wound complications such as infected mesh, scroma, or hematoma. Duration of complaints was not discussed, including conservative management rendered. These issues were not addressed. Without evidence of hernia recurrence and no description of the post-operative clinical course and attempted treatments, the request is not substantiated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **REMOVAL OF UMBILICAL HERNIA MESH WITH REPLACEMENT OF UMBILICAL HERNIA MESH: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hernia Procedure Summary last updated 07/08/2013.

**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; Mesh repair (surgery).

**Decision rationale:** The request for removal of umbilical hernia mesh and replacement obtained an adverse determination due to lack of supporting documentation. The patient underwent two umbilical hernia repairs, however, the dates of past surgery, whether mesh was used both times, and the postoperative course of each occasion were not discussed. In addition, it was unclear if surgery was laparoscopic, if there was a trocar hernia from the prior cholecystectomy, and if there were wound complications such as infected mesh, seroma, or hematoma. Duration of complaints was not discussed, including conservative management rendered. These issues were not addressed. Without evidence of hernia recurrence and no description of the post-operative clinical course and attempted treatments, the request is not substantiated.

**MEDICAL CLEARANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Procedure Summary last updated 10/09/2013.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG (Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter).

**Decision rationale:** The associated request for hernia mesh repair was not found medically necessary, and preoperative clearance is also not medically necessary.

**POST-OPERATIVE KEFLEX 500 #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Infectious Diseases Procedure Summary last updated 06/28/2013 and Sanford Guide to Antimicrobial Therapy 2013, 43rd Edition Authors: Uilbert, David MD, Moellering, Jr, Robert MD, Eliopoulos, George MD, Chambers, Henry MD, Saag, Michael MD. Pages 192-196.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheelless textbook of Orthopedics, Antibiotic prophylaxis.

**Decision rationale:** The associated request for hernia mesh repair was not found medically necessary, and antibiotic prophylaxis post-operatively is also not medically necessary.

**POST-OPERATIVE VICODIN 7.5/750MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48,Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 79-81.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter).

**Decision rationale:** The associated request for hernia mesh repair was not found medically necessary, and post-operative pain management is also not medically necessary.