

<b>Case Number:</b>	CM14-0126686		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	02/03/2013
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 44 year old employee with date of injury of 2/3/2013. Medical records indicate the patient is undergoing treatment for s/p right inguinal hernia repair (3/2013). Subjective complaints include right groin area pain that interferes with concentration and the ability to work. Objective findings include: on exam, there was exquisite pain over the right inguinal area with hyperalgesia. Treatment has consisted of Norco and Zanaflex. The utilization review determination was rendered on 7/18/2014 recommending non-certification of. Surgical Treatment, unspecified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical Treatment, unspecified:** 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, 2nd edition: chapter 7; Independent Consultations , pg 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Initial approach to treatment, pages 43-54

**Decision rationale:** The treating physician documents post hernioraphy pain syndrome and inguinodynia. The utilization reviewer spoke to the treating physician and approved a consult with a General surgeon. They agreed to hold off on approval of surgical treatment pending the outcome of the General Surgery Consult. As such, the request for surgical treatment, unspecified is not medically necessary at this time.