MAXIMUS Federal Services

Case Number:	CM14-0137002		
Date Assigned:	08/29/2014	Date of Injury:	04/09/2014
Decision Date:	09/24/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/21/2014

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 and is licensed to practice in California. 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 41 year old male sustained an industrial injury 4/9/14. A scrotal ultrasound the same day revealed both testes to be of normal size and echogenicity. The epididymis was normal bilaterally but for a 7 mm simple cyst on the right. Seen also were small hydroceles and a hernia was not identified. As of 6/30/14, the patient complained of minimal but persistent pain and no improvement over the next two months. The patient was working full duty. With heavy lifting he experienced right groin pain. The right testicle was tenderness to palpation with a painful knot palpated at the right testicle. The patient was referred to another provider for surgery for inguinal exploration, hydrocoelectomy, orchiopexy, partial epididymectomy, and placement of a JP drain. The diagnoses were contusion of the sacro-coccygeal area and right testicle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inguinal exploration: 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 Surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), TWC Hernia Procedure Summary last updated 02/18/2014.

Decision rationale: A hernia has not been identified on ultrasound and the history is not suspicious for an inguinal hernia. Therefore, the request for hernia exploration is not medically necessary.

Hydrocelectomy: 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 Other Medical Treatment Guideline or Medical Evidence: www.nlm.nih.gov,Smith and Tanagho's General Urology, Eighteenth Edition (Smith's General Urology) by Jack McAninch and Tom F. Lue (Aug 21, 2012).

Decision rationale: Hydrocele repair is surgery to correct the swelling of the scrotum that occurs when you have a hydrocele. A hydrocele is the backup of fluid around a testicle. There is only a small hydrocele on ultrasound and that is bilaterally. It is not clinically evident that this could not be causing symptoms. Therefore, the request for hydrocoelectomy is not medically necessary.

Orichiopexy: 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 Other Medical Treatment Guideline or Medical Evidence: www.nlm.nih.govSmith and Tanagho's General Urology, Eighteenth Edition (Smith's General Urology) by Jack McAninch and Tom F. Lue (Aug 21, 2012).

Decision rationale: Orchiopexy is a surgical procedure to surgically correct an undescended testicle. The ultrasound showed a normal testicle. Orchiopexy is not indicated and is not medically necessary.

Partial epididymectomy: 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 Other Medical Treatment Guideline or Medical Evidence: www.nlm.nih.govSmith and Tanagho's General Urology, Eighteenth Edition (Smith's General Urology) by Jack McAninch and Tom F. Lue (Aug 21, 2012).

Decision rationale: The medical necessity for a partial epididymectomy has not been established. A 7mm epididymal cyst would not be likely to be symptomatic. Therefore, the request for partial epididymectomy is not medically necessary.

Placement of Jackson Pratt drain placement: 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 Other Medical Treatment Guideline or Medical Evidence: Current Surgical Therapy - 11e, 2013 by John L. Cameron.

Decision rationale: A drain is used to drain a fluid collection. There is not a fluid collection identified that needs drained. Therefore, the request for a drain placement is not medically necessary.