

<b>Case Number:</b>	CM14-0036817		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/10/1996
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Surgeon 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 injured worker is a 53-year-old male who reported an injury on 06/10/1996. The injured worker reportedly slipped on grease and water while carrying a 50-pound bucket. Current diagnoses include status post cervical fusion with left upper extremity paresthesia, chronic low back pain with left lower extremity radiculopathy, degenerative disc disease, disc herniation, right shoulder pain, atrophy in the left lower extremity, status post right inguinal herniorrhaphy with mesh placement, anxiety disorder, narcotic dependence, and atrophy in the left upper extremity. The injured worker was evaluated on 02/27/2014 with complaints of an acute exacerbation of chronic pain syndrome in the neck, low back, and wrist. The injured worker also reported weakness and numbness of the upper extremities. It is noted that the injured worker underwent an ultrasound of the scrotum on 07/05/2013, which indicated a small left inguinal hernia. Physical examination was not provided on that date. Treatment recommendations included authorization for a left inguinal hernia repair as well as cervical spine surgery. Previous conservative treatment includes interferential current stimulation and medication management. There was no Request for Authorization form submitted for the current request. It is noted that the injured worker underwent an ultrasound evaluation of the bilateral groin on 08/10/2013, which indicated status post bilateral inguinal hernia repair with bilateral normal tendinous, ligamentous, and neurovascular structures.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Inguinal Hernia Repair of previous hernia repair quantity: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th edition (Web), Hernia repair.

**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.

**Decision rationale:** The Official Disability Guidelines state hernia repair is indicated when a hernia is detected on routine physical examination. For inguinal hernias, physicians should place a fingertip into the scrotal sac and advance up into the inguinal canal. Watchful waiting may be an option depending on patient preference. Most patients with a painless hernia develop symptoms over time, and surgical repair is recommended for medically fit patients with a painless hernia. There is no documentation of a significant functional limitation. The clinical documentation provided failed to establish the medical necessity for the current request. The injured worker is status post bilateral inguinal repair. The ultrasound of the bilateral groin obtained on 08/10/2013 indicated normal tendinous, ligamentous, and neurovascular structures. Based on the clinical information received, the request is not medically necessary.