

<b>Case Number:</b>	CM14-0047852		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	07/15/2013
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 50 year old male sustained a lifting injury on 7/15/13. He experienced pain in the left groin and testicle. He had some type of surgery of the left testicle in 2004. A CT scan dated 11/18/13 revealed a normal testicle and epididymis and inflammation ion the left groin. A testicular ultrasound was confirmatory. There was no evidence of torsion. On examination, there was tenderness in the left groin and testicle. The left testicle is described as being smaller than the right. The request is for scar revision. The patient described a large tender mass atop the left testicle that is constantly sore and the discomfort is worse with lifting. It appears that he had had a left inguinal hernia repair, then a recurrence with mesh repair laparoscopically. In 2004 he had an injury to the left scrotum that actually lacerated the scrotal sac. At some point he was told he had an entrapment of the spermatic cords. The request was for scar revision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT GROIN SCAR REVISION SURGERY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/20631534>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evidence citations for triple neurectomy.

**Decision rationale:** There is insufficient information to justify any surgical procedure. There may be a scar but it is not described by any provider as being tender or abnormal. The description suggests epididymitis and possibly an atrophic testicle. However, this is not evident on CT or ultrasound. The CT describing left groin inflammation goes no further in its description. This might suggest a problem with the mesh. Scar tissue involving the cord structures is certainly a possibility. The likely diagnosis is inguinodynia, a not unusual and often delayed complication from mesh hernia repair. A suggestion is made that the Laparoscopic hernia repair had to be converted to open but there is not any further mention as to what might have caused that to be necessary. This may have no bearing whatsoever on the present problem but is a point of interest. This type of problem needs further workup that could include radiologic-guided nerve injection as well as separate cord steroid injection to further define the origin of this patient's problem. The left testicle is described as smaller than the right. If the testicle is atrophic due to ischemia, an orchiectomy might prove medically necessary. In sum, there is not an indication for a scar revision. As such, the request is not medically necessary and appropriate.