

<b>Case Number:</b>	CM14-0061332		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/02/2013
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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:

The patient is a 57-year-old male who has had right inguinal hernia repair, quantity 3, with at least one using mesh. He has also had a left inguinal hernia repair. These date back to 2008. He now is complaining of right groin pain, which radiates in to the scrotum and right upper leg. The discomfort is usually related to activity but may not be. Scrotal ultrasound has shown bilateral hydroceles (14 mm or less). There has been documented thickening of the inguinal ligaments. Small fat containing hernias have been noted on CT scan bilaterally. The patient had injection therapy on the right, which failed. The request was for a right inguinal hernia repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inguinal hernia repair (repeat):** 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 chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Inguinodynia and ilioinguinal neurectomy. Am J Surg. 2012; 203(4):550 (ISSN: 1879-1883)Danto LA.

**Decision rationale:** Several physicians have seen this patient. Some have felt a reducible small right inguinal hernia and others have not. The same is true on the left which is asymptomatic. Inguinodynia is well described. An injection was done on one occasion. This resulted in relief for 24 hrs. The treatment, however, has not been described in terms of radiographic guidance or not. The drug or drugs used is also not documented. It does not appear that the recurrent right inguinal hernia, if, in fact, one is present, is the cause of this patient's problem. Based on the records provided, a right inguinal hernia repair alone is unlikely to result in resolving this patient's symptoms. Therefore, the request for Inguinal hernia repair (repeat) is not medically necessary and appropriate.