

Case Number:	CM14-0071734		
Date Assigned:	07/16/2014	Date of Injury:	01/17/2014
Decision Date:	12/08/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/19/2014

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 has a date of injury of 3/28/80. This is a record that is 60 pages long. It involves a patient who was doing lifting of 45 to 70 pounds and noted right groin discomfort. Examination that date noted a tender right external inguinal ring and no hernia. A [REDACTED] saw the patient 1/17, 1/24, 2/7, and 2/14. A hernia was not reported on his examination. A groin ultrasound was ordered. A report of same has not been included in the medical records provided to this reviewer. A different provider performed a laparoscopic bilateral inguinal hernia mesh repair 2/28 and described bilateral inguinal hernias of the indirect variety. There has not been a report authored by the operating surgeon that describes any kind of a hernia but the op report describes bilateral inguinal hernia and umbilical hernia repairs.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Bilateral Hernia Repair with Mesh (DOS 2/28/14): 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 ODG-TWC Hernia Procedure Summary last updated 02/18/2014.

Decision rationale: A hernia is never described on an examination until the operative description. Multiple exams pre-op failed to identify a hernia. An ultrasound was requested to rule out an inguinal hernia. This apparently was never done. The medical records provided to this reviewer fail to support the presence of bilateral inguinal hernias. Thus bilateral inguinal hernia repair is also not supported by the medical records or guidelines.