

Case Number:	CM14-0099766		
Date Assigned:	07/28/2014	Date of Injury:	04/18/2014
Decision Date:	08/29/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/30/2014

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, has a subspecialty in Surgical Critical Care 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 48 year old male who has a reported date of injury of April 18, 2014. The biomechanics of the industrial injury is not discussed in the documents provided. The physical exam reveals a left inguinal hernia, diagnosis (550.90) which is reducible and had been previously asymptomatic. However, the recent office visit reveals the injured worker now has symptoms such that a request has been made for repair of the left inguinal hernia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left inguinal hernia repair: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Hernia Procedure Summary last updated 02/18/2014-criteria for Hernia Repair (Inguinal, Umbilical, Diaphragmatic, Femoral, Ventral or Incisional).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Repair Inguinal hernia, reduce.

Decision rationale: The injured worker has been diagnosed with a reducible left inguinal hernia. According to the records provided for review, it had been asymptomatic until recently but there

is increased pain and as such that the repair of the hernia is medically reasonable. The request for a left inguinal hernia repair is medically necessary.