

Case Number:	CM13-0050183		
Date Assigned:	12/27/2013	Date of Injury:	03/04/2013
Decision Date:	05/15/2015	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/11/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas

Certification(s)/Specialty: Surgery

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 30-year-old male who reported an injury on 03/04/2013 after lifting an object that weighed approximately 100 pounds, which reportedly caused a left inguinal hernia. The injured worker underwent repair of the hernia in 07/2013. The injured worker's most recent evaluation was dated 06/14/2013. It was noted that the injured worker complained of pain in the lower left abdominal quadrant, which was increased by standing and walking. Objective findings included tenderness to the left lower quadrant with a reducible left groin bulge. A request for surgical intervention was submitted. However, no justification for the request or Request for Authorization was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robotic-assisted right inguinal herniorrhaphy wit mesh placement/possible open, as an out patient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BMJ Publishing Group, Ltd.; London, England; www.clinicalevidence.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Robotic assisted knee arthroplasty.

Decision rationale: The requested one robotic-assisted right inguinal herniorrhaphy as an outpatient is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this type of request. The Official Disability Guidelines do not support the use of robotic-assisted surgical intervention. Additionally, the clinical documentation submitted for review did not include any documentation from the requesting physician on the submitted IMR form. As such, the requested one robotic-assisted right inguinal herniorrhaphy as an outpatient is not medically necessary or appropriate.