

<b>Case Number:</b>	CM14-0119926		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/27/2010
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Family Practice and is licensed to practice in Ohio. 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 59-year-old male with a cumulative trauma injury ending May 27, 2010. He complains of neck pain radiating to the right upper extremity, low back pain radiating to the right lower extremity, right shoulder pain, and pain emanating from his umbilical and right groin region. He has a history of a left groin hernia repair in 2002 and an umbilical hernia repair in 2010. The hernia in the umbilicus is said to be 50% industrially related. On October 4, 2011 he was noted to have a "palpable defect" with regard to a hernia on physical exam and an attempt was made to refer to a hernia specialist at that time. No further mention is made of symptomatic hernias in the notes reviewed subsequent to 2011. His surgeries otherwise have included the right knee arthroscopic surgery in 2012 and a lumbar fusion from L4-S1. At issue is a request for referral to a hernia specialist. That request was previously noncertified based on a lack of medical documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult with a Hernia Specialist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web) 2013 Hernia office visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hernia, Office Visits

**Decision rationale:** Office visits for a hernia are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this instance, while the majority of the clinical documentation is focused on orthopedic issues, the injured worker clearly had symptoms emanating from an umbilical and possibly a right inguinal hernia. Referral to a hernia specialist is therefore medically necessary.