MAXIMUS Federal Services

Case Number:	CM14-0190860		
Date Assigned:	11/24/2014	Date of Injury:	11/21/2008
Decision Date:	10/13/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/17/2014

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. 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: Tennessee, Florida, Ohio
Certification(s)/Specialty: Surgery, Surgical Critical Care

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 54 year old male, who sustained an industrial injury on November 21, 2008. He reported pelvis, coccyx and head pain, abdominal pain and umbilical hernia possibly secondary to strenuous work duties. The injured worker was diagnosed as having umbilical hernia and bilateral inguinal hernias. Treatment to date has included acupuncture for the neck and back, medications and work restrictions. Currently, the injured worker continues to report neck pain, back pain and non-tender hernias. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on August 20, 2014, revealed neck and low back pain rated at 3-4 out of 10 with 10 being the worst. Evaluation on October 2, 2014, revealed non-tender, reducible, asymptomatic right and left inguinal hernias and a non-tender, reducible umbilical hernia. It was recommended the injured worker have the umbilical hernia repaired as outpatient and the inguinal hernias repaired when they become symptomatic. The RFA included requests for Umbilical hernia repair/mesh with asst surgeon and was non-certified on the utilization review (UR) on October 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Umbilical hernia repair/mesh with asst surgeon: 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 Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hernia/ventral Hernia repair.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of an umbilical hernia repair for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of hernia repair. According to the Official Disability Guidelines (ODG), repair of ventral hernias is: "recommended in patients with pain and discomfort from the ventral hernia." This patient was denied authorization on prior peer review because medical records related to the patient's ventral hernia failed to demonstrate the medical necessity of an assistant surgeon for herniorraphy. The patient has no signs or symptoms of obstruction, incarceration or strangulation. A second, assisting surgeon is not justified based on the hernia sac description on physical exam. It is reasonable that this hernia could be repaired with a single qualified surgeon. Thus, based on the submitted medical documentation, medical necessity for umbilical hernia repair with mesh and an assistant surgeon is not medically necessary.