

Case Number:	CM14-0194300		
Date Assigned:	12/02/2014	Date of Injury:	10/20/2008
Decision Date:	01/16/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/20/2014

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 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 62-year-old male who reported an injury on 09/04/2014 due to an unspecified mechanism of injury. On 10/29/2014, he reported groin pain. A physical examination showed normal range of motion to the right and left hips. There was slight soft tissue fullness along the left lower abdomen along the symphysis pubis, no adductor pain or tenderness bilaterally, and some fullness in the inguinal canal in the area of the direct inguinal hernia, but not definitive on examination. An imaging report of the left lower quadrant, dated 07/25/2014, shows minimal degenerative changes in the hips and no other significant abnormalities seen in the pelvis, as well as clinical concern from bowel pathology. His medications included Ibuprofen 200 mg, Vitamin B6 200 mg, and san oil capsules. Pertinent surgical history included a previous hernia repair. Past treatments included surgery. The treatment plan was for left inguinal hernia repair with mesh. The Request for Authorization form was signed on 10/14/2014. The rationale for treatment was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left inguinal hernia repair with mesh: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The Official Disability Guidelines state that surgery is needed for strangulated or incarcerated hernias. Most injured workers with painless hernia develop symptoms over time, so surgical repair is recommended for medically fit people with a painless hernia. There should be physical examination findings in both the supine and standing positions with a bulge felt below the inguinal ligament consistent with a femoral hernia. There is a lack of documentation regarding a definitive examination to support that the injured worker has an inguinal hernia that needs surgical intervention. In addition, there is a lack of documentation showing that the injured worker was having any difficulty in function. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.