

<b>Case Number:</b>	CM14-0194334		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	07/09/2007
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Orthopedic Surgery and is licensed to practice in California. 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 44-year-old male who reported an injury on 07/09/2007 due to an unspecified mechanism of injury. The diagnoses included status post left inguinal herniorrhaphy and recurrent left inguinal hernia. The MRI of the abdomen performed on 09/08/2014 revealed a left inguinal hernia was noted on the examination medial of the vessels. The mouth of the hernia measured 3.6 mm and increases to 8.8 mm on Valsalva maneuver. Mild movement of bowel is seen into the canal. No evidence of right inguinal hernia was seen. The fascial planes were preserved. There was no evidence of adenopathy or cyst formation bilaterally. Medications were not provided. Past treatments were not provided. Past surgeries included a left inguinal repair of unknown date. The objective findings revealed a scar consistent with a prior left inguinal hernia. The injured worker was asked to Valsalva multiple times. No hernia could be elicited to the left inguinal region. There was some mild tenderness to the region, but no mass could be elicited. Examination of the right inguinal region revealed a mass measuring approximately 2 cm x 2 cm. The mass was reducible and was moderately painful on examination. The mass is mobile. The treatment plan included a left inguinal hernia repair with insertion of mesh, preoperative medical clearance including blood work, EKG, and chest x-ray, postoperative physical therapy 2 times a week for 6 weeks, Keflex 500 mg, Vicodin ES 75/750 mg, Phenergan 25 mg, and Colace 100 mg. The Request for Authorization dated 12/02/2014 was submitted with documentation.

### 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 insertion of mesh: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Criteria for hernia repair

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

**Decision rationale:** The request for left inguinal hernia repair with insertion of mesh is not medically necessary. The Official Disability Guidelines indicate criteria for hernia repairs include physical examination with the injured worker in both the supine and standing position. For inguinal hernias, place a fingertip into the scrotum sac and advance up to the inguinal canal. If there is anything in the abdomen, attempt to define the border of the physical defect. If the hernia comes in contact with the superolateral to inferomedial and strikes the fingertip, it is most likely an indirect hernia. If the hernia strikes the path of the finger deep to superficial, it is most consistent with a hernia. A bulge felt below the inguinal ligament is consistent with femoral hernia. Watchful waiting may be an option depending on the patient's preference. Acceptable options for men and minimally symptomatic hernias. Delay surgical repair, until symptoms increase is safe and acute and incarcerations occur rarely. Surgery: all incarcerated and strangulated hernias demand admission and immediate surgical intervention. Most patients with a painless hernia develop symptoms over time and surgical repair is recommended for medically fit patients with painless hernias. Either open or laparoscopic surgeries are appropriate with or without the mesh depending on the surgeon's experience. In review of the clinical notes, the examination was absent of any inguinal hernias felt of the lower left side; however, the examination did not consist of fingertip into the scrotal sac and advance to the inguinal canal. There was no physical defect upon examination of the abdomen. The examination to include a superolateral to the inferomedial fingertip of the finger was not performed. No pain measurement was provided. As such, the request for 1 left inguinal hernia repair with insertion of mesh is not medically necessary.

### **Pre-operative medical clearance including blood work, EKG and chest x-ray: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

### **Post-op physical therapy, two times a week for six weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Keflex 500mg, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Vicodin ES 75/750mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Phenergan 25mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Colace 100mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.