

<b>Case Number:</b>	CM14-0206096		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	01/22/2014
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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: Texas  
 Certification(s)/Specialty: Surgery, Hand 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:

Patient is a 51-year-old male with 01/22/14 date of injury. 11/17/14 examination states diagnosis of umbilical hernia. The physician states that patient has pain at the umbilicus, unclear as to cause of pain with the shape of the hernia and only fat in it. Patient has a bit of rectus diastasis. Umbilical hernia with fat in it and a very wide mouth, round funnel-shaped, virtually no way for bowel to incarcerate. Estimated BMI is 43.59. Physical exam notes state "just too fat to be able to appreciate a hernia". The physician states that the chance of bowel incarceration and strangulation approaches 0%, chance surgery will help symptoms is 50% at best. The physician states he does not recommend surgery. Patient would like to have surgical repair. Therefore, the physician has submitted a request for surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Umbilical Hernia Repair, Laparoscopic:** Upheld

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

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

**Decision rationale:** Medical necessity for the requested surgical repair of this particular umbilical hernia has not been established. ODG states that surgery for hernias are recommended with multiple different techniques and repairs. However, despite the submitted request for surgery, this was done based on the desire of the patient. The physician, in fact states that he does not recommend surgery. The physician also states that the likelihood of surgery to help his symptoms is 50%, at best. Current chances of bowel incarceration and strangulation, approach 0%. Therefore, the medical necessity for the surgical repair has not been established, based on the report by the requesting physician. Recommend non-certification.