

Case Number:	CM15-0103961		
Date Assigned:	06/08/2015	Date of Injury:	04/22/2015
Decision Date:	07/20/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/29/2015

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: Arizona

Certification(s)/Specialty: 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:

The injured worker is a 61 year old male, who sustained an industrial injury on April 22, 2015. The injury was noted to have occurred due to lifting at work. The injured worker has been treated for abdominal pain and right groin pain. The diagnoses have included an umbilical hernia and right inguinal hernia. Treatment to date has included medications, umbilical hernia repair and a right inguinal hernia repair. Current documentation dated April 28, 2015 notes that the injured worker underwent the hernia repair surgery on April 8, 2015. Examination revealed tenderness in the right groin and a surgical umbilical wound. The treating physician's plan of care included a retrospective request for review of two previous hernia surgeries and follow-up care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for 2 previous surgeries for hernia repair and follow up care: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epigastric and Umbilical Hernia; Work Relatedness and Return to Work. Iran J Public Health. 2013; 42(3): 334-337.

Decision rationale: This overweight (BMI 35) diabetic male who moves heavy equipment at work presented with RIH and UH both described as reducible and the UH described as chronic with overlying thin skin that has chronically progressed. "Overall incidence of abdominal wall hernia is considerably high and many people and even physicians believe that the hernia is work related and many limitations after surgery are mandatory. Also a worker who has abdominal wall hernia usually ears inconsistent messages about nature of his disease from his family physician, surgeon, occupational medicine specialist and other involved healthcare providers. Because of these, many time and money spend for associated litigations. Finally, results of these litigations are inconsistent because reliable scientific data about work relatedness & fitness after surgery of abdominal wall hernia are scarce." "It has been suggested that nay lifting activity results increase in intraabdominal pressure and may lead to abdominal wall hernia. In a study, intra-abdominal pressure in many postures and activities was determined with a noninvasive technique and demonstrated only modest rise in intra-abdominal pressure during lifting. If this is done correctly that is very much lower than intra-abdominal pressure during jumping or standing cough. Development of an abdominal wall hernia even after a single strenuous event or trauma is highly unlikely." In the initial evaluation, although it is mentioned that the patient lifts heavy materials in his work, there was no inciting event or specific time that he noted the hernia or pain while lifting at work. These hernias may be related to heavy lifting, but one cannot conclude this based on the initial presentation, examination, or operative findings. The umbilical hernia was reported to have a chronic appearance. Likely, a large contributing factor to the development of the hernias is the patient's obesity. Therefore, direct cause and effect relationship cannot be established with the given information. Hernia repair was appropriate for surgical intervention in this patient, but one cannot conclude that the hernias were the result of a work-related injury as no specific injury was reported. Therefore, the request is not medically necessary.