

Case Number:	CM15-0164961		
Date Assigned:	09/02/2015	Date of Injury:	03/27/2013
Decision Date:	10/13/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/21/2015

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: 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 76 year old male, who sustained an industrial injury on 3-27-13. The injured worker has complaints of constant pain in his left groin. The documentation noted on examination non tender reducible recurrent left inguinal hernia. The diagnoses have included recurrent left inguinal hernia. Treatment to date has included left hip arthroplasty; norco; tramadol; physical therapy; hernia repair in 2014 through private insurance and physical therapy. The request was for left inguinal hernia repair with mesh and assistant surgeon.

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: Overturned

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/Surgery.

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

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of a unilateral inguinal hernia repair with mesh. This injured worker has conclusive evidence to support the fact that he has a symptomatic unilateral inguinal hernia. 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 almost all symptomatic groin hernias is recommended." This patient's prior independent review denied the surgery because the examiners notes did not document a hernia in the sitting and standing position. This is not necessary. The attending surgeon's clinic notes clearly document the size, location and reducibility of the hernia sac in the supine position. A standing hernia exam is only necessary if a hernia is small and unable to be palpated in the supine position. The submitted medical records clearly indicate that this patient's hernia is symptomatic with pain on palpation and with physical activity. Given the patient's symptoms, watchful waiting/conservative treatment is contraindicated due to a high risk of incarceration and possible strangulation. Therefore, based on the submitted medical documentation, the request for unilateral left inguinal hernia repair is medically necessary.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons, Physicians as assistants at surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hernia, Inguinal Hernia Repair ODG, Surgical assistant.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of an assistant surgeon. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of hernia repair. According to the Official Disability Guidelines (ODG), an assistant surgeon is: "Recommended as an option in more complex surgeries as identified below. An assistant surgeon actively assists the physician performing a surgical procedure." This patient has been demonstrated to have a symptomatic, recurrent left inguinal hernia. The hernia is reducible. The hernia does not have any documented evidence of obstruction or incarceration. The medical record does not indicate that there is a sliding component to the hernia sac that contains large bowel or bladder which would require a more complex dissection than would otherwise be expected. Therefore, based on the submitted medical documentation, the request for surgical assistant is not medically necessary.