

Case Number:	CM15-0197315		
Date Assigned:	10/12/2015	Date of Injury:	08/04/2015
Decision Date:	11/24/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/07/2015

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:

This is a 29 year old male with a date of injury on 8-4-15. A review of the medical records indicates that the injured worker is undergoing treatment for an abdominal injury. Medical records (8-10-15 and 8-24-15) indicate the injured worker woke with stomach pains he worked and then 2 days later he noticed a bump on his stomach near his belly button with pain. The pain has not increased. Objective findings: abdomen with no guarding or rigidity, no masses palpated, no hepatosplenomegaly, soft, bowel sounds present, no rebound, no bruits and no pain to palpation. CT of abdomen dated 8-24-15 reveals large number of normal size and few borderline to slightly enlarged lymph nodes and no abdominal wall hernia found. Request for authorization dated 9-15-15 was made for surgical repair of umbilical hernia. Utilization review dated 9-21-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical repair of umbilical hernia: Overturned

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, Ventral hernia repair.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Umbilical Hernia Repair. Medscape. <http://emedicine.medscape.com/article/2000990-overview#a2>, Abdominal Hernia Workup. Medscape. <http://emedicine.medscape.com/article/189563-workup#showall>.

Decision rationale: This 29 year old male has an exam dated 9/14/2015 that is difficult to read, but exam is documented to show a hernia at umbilicus, tender, and not reducible. The assessment is umbilical hernia. All adult umbilical hernias should be repaired, owing to the high risk of complications. Indications for operative repair include pain, incarceration, strangulation, defect larger than 1 cm, skin ulceration, and/or hernia rupture. Imaging studies are not required in the normal workup of a hernia. This patient has objective findings of an umbilical hernia on examination and therefore operative repair is indicated. The prior utilization review is overturned. The surgical repair of umbilical hernia is medically necessary and appropriate.