MAXIMUS Federal Services

Case Number:	CM15-0030190		
Date Assigned:	02/23/2015	Date of Injury:	08/05/2013
Decision Date:	04/16/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/18/2015

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: Texas
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 49-year-old male who reported an injury on 08/05/2013. The mechanism of injury was not specifically stated. The current diagnoses include lumbar sprain/strain, status post umbilical hernia repair, rule out recurrent hernia, and status post left inguinal hernia repair. The latest physician progress report submitted for this review is documented on 12/11/2014. The injured worker presented for a follow-up evaluation. It was noted that the injured worker was initially diagnosed with 2 separate hernias in the bilateral groin area in 2013. The injured worker had been placed on temporary total disability from 09/2013 through 11/2013, and was then released back to work with normal duties. In 05/2014, the injured worker suffered an inflammation of the left side of the groin. The injured worker was again released to work with normal duties. In 07/2014, the injured worker was examined by a company selected physician and was referred to a specialist. Results of an MRI study (date unknown) revealed inflammation of the umbilical area and damaged discs in the lower back. The injured worker was prescribed medication for sleep, pain, and a muscle relaxant. Again, the injured worker was placed on temporary total disability on 08/18/2014. The injured worker presented with complaints of pain and inflammation in the umbilical area. Upon examination, the anterior abdominal wall was moderately distended. The injured worker was morbidly obese. There was an incision in horizontal nature at the umbilicus. Upon Valsalva maneuver, no hernia could be elicited. The incision was well healed, and there were no signs of erythema or cellulitis. Examination of the left lower quadrant revealed tenderness. Examination of the lumbar region revealed 3+ paravertebral tenderness with mild pain on palpating of the lateral lumbar musculature.

Recommendations at that time included an ultrasound of the umbilicus and left inguinal region. The injured worker was also referred to a chiropractor for evaluation and treatment of the low back. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Recurrent Left Inguinal Hernia repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM on page 28, Official Disability Guidelines (ODG): Hernia Chapter, Laparoscopic repair (surgery), Mesh repair, Ventral 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) Hernia Chapter, Surgery.

Decision rationale: The Official Disability Guidelines recommend surgery for hernia as indicated. Physical examination should be documented with the patient in both supine and standing positions. According to a medical report, the injured worker was referred for an ultrasound of the umbilical region, as well as the left inguinal region. Results of the ultrasound were not provided. There was no evidence of a palpable hernia upon examination. The medical necessity for the requested procedure has not been established in this case. As such, the request is not medically appropriate at this time.