

Case Number:	CM15-0036715		
Date Assigned:	03/05/2015	Date of Injury:	10/08/2014
Decision Date:	04/16/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	02/26/2015

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 67-year-old female who reported an injury on 10/08/2014. The mechanism of injury involved heavy lifting. The current diagnosis is right groin hernia. The injured worker presented on 12/11/2014 for a surgical history and physical examination. Current medication regimen includes Etodolac ER 600 mg and acetaminophen 500 mg. Upon physical examination, there was an abdominal wall hernia with what appeared to be a right inguinal hernia. The provider could not verify 100% whether it was inguinal or femoral. The abdomen was soft, nontender and there was no organomegaly or masses noted. Recommendations included hernia repair. It was also noted the injured worker underwent an ultrasound of the pelvis on 11/13/2014, which revealed no evidence of an inguinal hernia. 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:

Outpatient right inguinal hernia repair: Upheld

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

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 a hernia as indicated. The physical examination should indicate a hernia. In this case, it was unclear whether the injured worker had a femoral hernia or inguinal hernia upon examination. The ultrasound on 11/13/2014 was negative for an inguinal hernia. Therefore, the medical necessity for a right inguinal hernia repair has not been established in this case. As such, the request is not medically appropriate at this time.