MAXIMUS Federal Services

Case Number:	CM13-0049857		
Date Assigned:	06/09/2014	Date of Injury:	01/30/2012
Decision Date:	09/22/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/28/2013

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. The expert reviewer is Board Certified in General Surgery, has a subspecialty in Urology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45-year-old male with a 3/30/2012 date of injury, when he was lifting boxes and felt pain in the groin area. The 10/15/13 determination was non-certified given no red flags and/or significant positive objective abdomen/inguinal/scrotal findings, specifically complaints/signs of incarceration, strangulation, or significant functional impairment to support the request. It noted that the patient is s/p left inguinal herniorrhaphy with mesh on 5/21/12. 8/20/13 initial General Surgery report identified occasional pain in the left groin. Reported ultrasound revealed a 7mm cyst of the epididymal head on the right hemiscrotum and there was moderate size hydrocele in the left hemiscrotum. There was no evidence of recurrence of hernia on the left side, and no evidence of hernia in the right side. Exam revealed that the hydrocele could not be appreciated on physical exam. Diagnosis was left inguinal hernia. The proposed procedure was a left hydrosystectomy. 8/8/13 progress report identified left testicular pain. The patient noted having swelling in the scrotum since the surgery. The patient stated he was told that the swelling would resolve over a period of time. He stated that he had persistent swelling with occasional pain. Exam revealed positive testicular tenderness and healed surgical scar. Diagnoses included inquinal hernia w/o mention obst/gangrn unilat/unspec, and unspecified hycrocele.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT HYDROCYSTCECTOMY INGUINAL HERNIA REPAIR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Criteria for Hernia Repair (Inguinal, Umbilical, Diaphragmatic, Femoral, Ventral, or Incisional).

Decision rationale: The patient sustained an injury which led to an inguinal hernia repair. The patient did well following the surgery, however, continued with testicular swelling and discomfort. On exam there was testicular tenderness and an ultrasound was ordered. The patient was later seen by General Surgery. The report documents that the ultrasound identified a 7mm cyst of the epididymal head on the right hemiscrotum and there was moderate size hydrocele in the left hemiscrotum. The provider proposed a left hydrosystectomy, which seems reasonable treatment for the patient's complaints and findings. However, the request made also includes an inguinal hernia repair. There was no indication of a hernia on exam or ultrasound, and the General Surgery report does not include a request for a hernia repair. Though a left hydrosystectomy would be reasonable, the request as made cannot be considered medically necessary.