

<b>Case Number:</b>	CM15-0012566		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	11/27/2013
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 39 year old male with an industrial injury dated November 27, 2013. The injured worker was diagnosed with a hernia. He has been treated with diagnostic studies, radiographic imaging, laparoscopic hernia repair on June 18, 2014, and periodic follow up visits. CT scan of abdomen and pelvis on 10/28/14 revealed no evidence of hernia. According to the progress note dated 12/15/14, the treating physician noted intermittent, burning and minimal abdominal pain. The treating physician also noted that the injured worker was doing better with less weight. The treating physician prescribed 9 sessions of physical therapy for hernia. Utilization Review determination on December 25, 2014 denied the request for 9 sessions of physical therapy for hernia, citing MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**9 sessions of physical therapy for hernia:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Hernia; physical therapy

**Decision rationale:** The post-surgical guidelines and ODG state that physical therapy for a hernia is not recommended. The employee had a hernia repair on June 18, 2014. The treating physician provides no medical evidence as to why physical therapy is necessary beyond what the guidelines state. Therefore, the request for 9 sessions of physical therapy for hernia is not medically necessary.