

<b>Case Number:</b>	CM15-0111967		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	12/30/2013
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 40 year old male who sustained an industrial injury on December 30, 2013. He has reported a hernia and has been diagnosed with status post bilateral inguinal hernia repairs. Treatment has included surgery and medications. The abdomen still felt tight and he could not fully flex his knees. There was some numbness but no intraabdominal problems. The abdomen showed bilateral inguinal scars, which had some altered sensation in the incision areas. There was no recurrent hernias noted. The treatment request included physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 X 3 for Bilateral Inguinal Hernia repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times a week times three weeks bilateral inguinal

hernia repair is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is bilateral inguinal hernia repair. The date of injury is December 30, 2013. The injured worker underwent a right inguinal hernia repair December 19, 2014. According to the utilization review, the injured worker received 8 physical therapy sessions post inguinal hernia repair. There are no physical therapy progress notes. There is no documentation demonstrating objective functional improvement. The treating provider requested an additional six physical therapy sessions. A progress note dated April 29 2015 subjective states the injured worker has 5/10 right inguinal hernia pain and 3/10 left in hernia pain. There is no physical examination and medical record progress note. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. As noted above, the worker received six physical therapy sessions. The injured worker should be well versed in the exercises performed during physical therapy to engage in a home exercise program. Consequently, absent clinical documentation with prior physical therapy progress notes and objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, physical therapy two times a week times three weeks bilateral inguinal hernia repair is not medically necessary.