

Case Number:	CM15-0114694		
Date Assigned:	06/23/2015	Date of Injury:	10/01/2009
Decision Date:	09/09/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/15/2015

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: Arizona

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 54 year old female with an industrial injury on 10/01/2009. Her diagnoses included trigger finger, acquired, right index finger; lower abdominal pain and umbilical hernia. Prior treatment included treatment for trigger finger and medications. She presents on 05/14/2015 with a midline scar above the umbilicus with a bulge when she lifts her head. The provider notes the injured worker had a para-umbilical hernia secondary to on the job injury. Treatment plan included follow up in 6 weeks for re-evaluation and umbilical hernia repair. The treatment request is for peri-umbilical hernia repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Periumbilical hernia repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), hernia surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape. Umbilical Hernia Repair.
<http://emedicine.medscape.com/article/2000990-overview#a2>.

Decision rationale: This patient was seen by a urologist and an orthopedic surgeon and the examination findings are quite vague, describing a bulging, but more of a weakness and a mechanical problem. There is an unclear report of her having had a prior hernia repair in this area. The exams documented by the treating physicians do not definitively describe findings of a paraumbilical hernia. Indirect umbilical (paraumbilical) hernias protrude above or below the umbilicus and are the most common type of umbilical hernia in adults. Umbilical hernias are typically diagnosed with a detailed history and physical examination. Patients generally complain of pain and/or a lump at the umbilicus. On physical examination, a protrusion at the umbilicus can be seen. Paraumbilical hernias are more common in women than in men. Findings are confirmed by palpating a fascial defect or by visualizing the hernia with increasing intra-abdominal pressure by straining. The fascial defect is usually smaller than the sac. All adult umbilical hernias should be repaired owing to their high risk of complications. Indications for operative repair include pain, incarceration, strangulation, defect larger than 1 cm, skin ulceration, and/or hernia rupture. As the examinations do not definitively describe findings of a paraumbilical hernia, the surgery for paraumbilical hernia repair is not medically necessary. Additionally, this patient has not been seen by a general surgeon who would be doing the hernia repair. The request should be from a general surgeon with an examination clearly documenting the presence of a paraumbilical hernia. The prior utilization review is upheld. The request is not medically necessary.