Case Number:	CM15-0142463		
Date Assigned:	08/03/2015	**Date of Injury:**	03/24/2015
Decision Date:	10/06/2015	**UR Denial Date:**	07/09/2015
Priority:	Standard	**Application Received:**	07/22/2015

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 60-year-old male, who sustained an industrial injury on 03-24-2015. He has reported injury to the left groin. The diagnoses have included left groin pain. Treatment to date has included medications, diagnostics, and activity modification. Medications have included Ibuprofen and Tylenol as well as treatment course of antibiotics for epididymitis. A progress report from the treating physician, dated 06-16-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued left groin-testicular pain; and he reports no improvement. Objective findings included no acute distress; and there is tenderness with palpation of the left epididymal area. Progress notes state no hernia is palpable on examination. The treatment plan has included the request for left groin exploration and possible left inguinal hernia repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Groin Exploration and Possible Left Inguinal 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 Chapter, Online Version, Surgery; http://www.ncbi.nlm.nih.gov/pubmed/22167621; http://www.ncbi.nlm.nih.gov/pubmed/22952407.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Treatment of Inguinal Pain. Ochsner J. 2009 Spring; 9(1): 11-13.

Decision rationale: When obvious hernias are involved, and no other etiology is identified, primary treatment should be hernia repair. After all diagnostic testing for possible hernia has not shown a hernia in the groin area, treatment will depend upon the rest of the findings of the work-up. Nerve entrapment syndromes, particularly with hernia, should be treated by hernia repair alone, although if pain continues further work-up will be necessary. Ligament and muscle strains, particularly those involving the adductor muscle and tendon, iliopsoas strain or tendonitis or bursitis, avulsion fractures, and osteitis pubis can be treated with physical therapy, stretching, and strengthening protocols. Treatment can also include ice and non-steroidal medications. In addition, osteitis pubis may be improved with local steroid injections. When adductor tendon strains have continued and become chronic, lasting longer than 3 months to 1 year, treatment by Meyers and colleagues has included release of the adductor tendon and repair of the pelvic floor with a hernia patch. Sports hernias are usually repaired by either open or laparoscopic inguinal hernia repair. Nerve entrapment syndromes can be treated by nerve blocks. In obese patients where physical examination is limited, provocative ultrasound is extremely useful. Occult hernia can be identified by provocative ultrasound but may require groin exploration. Orthopedic surgeons should treat stress fractures and other hip joint pathology. This patient does not have documentation of a hernia on examination and only has groin pain. CT and ultrasound are unremarkable, although the ultrasound was not a provocative ultrasound for hernia evaluation specifically. There is no evidence of nerve entrapment documented in the progress notes. Therefore, surgical intervention is not indicated in the absence of a hernia on examination. The prior utilization review is not medically necessary.