

<b>Case Number:</b>	CM15-0179862		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	06/09/2010
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 June 9, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for post-surgical pain of the left knee, lumbar disc degeneration and protrusion, lumbar myofascitis, lumbar radiculitis, lumbar annular tear, lumbar facet syndrome, right ankle internal derangement, status post inguinal hernia surgery, and gastrointestinal (GI) complaints. On August 13, 2015, the injured worker reported constant severe 7-8 out of 10 sharp low back pain, stiffness, and heaviness radiating to the bilateral feet with numbness, tingling, weakness, and cramping. The injured worker reported constant moderate to severe 7-8 out of 10 sharp left knee pain, with constant severer 8-9 out of 10 sharp right knee pain, constant severe 8-9 out of 10 sharp right ankle pain and constant severe 9 out of 10 sharp hernia pain. The Primary Treating Physician's report dated August 13, 2015, noted the hernia examination was deferred to the hernia specialist. Prior treatments have included repair of left inguinal hernia with mesh on February 25, 2015, and right hernia repair on October 21, 2014. The treatment plan was noted to include follow up for the hernia. The injured worker was noted to remain off work until September 25, 2015. The Primary Treating Physician's report dated July 30, 2015, noted the injured worker status post right inguinal repair with slight residual pain with left inguinal pain and discomfort, with no evidence of right or left inguinal hernias. The Physician noted that when the injured worker valsalvas no hernias could be elicited, noted to have a tender left inguinal hernia region. The request for authorization dated August 13, 2015, requested follow up for evaluation of a hernia.

The Utilization Review (UR) dated August 27, 2015, non-certified the request for follow up for evaluation of a hernia.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Follow up for hernia:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach, Initial Assessment, Treatment, Follow-up.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a follow-up visit for this patient. The California MTUS guidelines state: "Frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms." Additionally, "Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work." This patient has chronic musculoskeletal and groin pain that has been evaluated by the patient's primary physician. The patient has had bilateral inguinal hernia repairs with no occurrence of his inguinal hernias palpated on exam. Signs of soft tissue abnormality, mesh erosion, or local wound infection are not documented by the provider. Therefore, based on the submitted medical documentation, the request for follow-up with a hernia specialist is not-medically necessary.