

Case Number:	CM15-0034891		
Date Assigned:	03/03/2015	Date of Injury:	07/27/2012
Decision Date:	05/13/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/24/2015

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: Texas, Arizona

Certification(s)/Specialty: Surgery, Plastic 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 40-year-old male who reported a repetitive strain injury on 07/27/2012. The current diagnoses include history of anterior abdominal wall infection, history of cutaneous fistula and infected anterior abdominal wall mesh, status post ventral hernia repair with mesh, status post removal of infected anterior abdominal wall mesh, right inguinal hernia, and left inguinal hernia. The latest Physician's Progress Report submitted for this review is documented on 09/08/2014. The injured worker presented for a follow up evaluation. The injured worker denied fever, chills, nausea, or vomiting. The injured worker also denied erythema or cellulitis from the incision site. Upon examination, there was a well healed incision without signs of cellulitis, no evidence of erythema, no signs of any wound breakdown, no evidence of purulent discharge, intact skin, large protuberant mass measuring approximately 10 cm x 8 cm at the right of the midline incision, and a soft tissue mass consistent with a ventral hernia. The provider recommended a repair of the ventral hernia with mesh. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Staged left right inguinal herniorrhaphy with insertion of mesh in each inguinal region:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hernia Chapter, Surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hernia Chapter, Surgery.

Decision rationale: According to the Official Disability Guidelines, surgery for a hernia repair is recommended as indicated. Hernias should be detected on routine physical examination. Watchful waiting may be an option depending on patient preference and is an acceptable option for patients with minimally symptomatic hernias. In this case, the injured worker is status post hernia repair with subsequent removal of infected mesh. He was also shown to have a large protuberant mass measuring approximately 10 cm x 8 cm at the right of the midline incision, and a soft tissue mass consistent with a ventral hernia. Based on these clear physical examination findings consistent with hernia and the injured worker's significant surgical history, surgical intervention to include staged left right inguinal herniorrhaphy with insertion of mesh is appropriate. Given the above, the request is medically appropriate at this time.