

Case Number:	CM15-0064151		
Date Assigned:	04/10/2015	Date of Injury:	02/11/2011
Decision Date:	05/27/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/03/2015

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

Certification(s)/Specialty: Family Practice

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 (IW) is a 39-year-old male who sustained an industrial injury on 02/11/2011. Diagnoses include right inguinal hernia. No previous treatments or diagnostic testing was documented in the records reviewed; it was noted the right inguinal hernia was a finding by the Agreed Medical Evaluation (AME). The AME report was not submitted for review. A request was made for surgeon consult for right inguinal hernia repair as per the findings of the AME.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgeon consult for right inguinal hernia repair: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Overview of treatment for inguinal and femoral hernia in adults by David C. Brooks, MD in UpToDate.com.

Decision rationale: This patient receives treatment for chronic low back pain. This problem relates back to a work-related injury on 02/11/2011. The patient has received physical therapy,

NSAIDs, opioids, and anti-depressant medications. The medical documentation does not include any description of an inguinal hernia for this patient. There is no mention of an inguinal hernia arising from the date of injury above. The documentation does not describe symptoms attributable to an inguinal hernia nor any description on the physical exam of an inguinal hernia from the treating physician. The treatment of an inguinal hernia depends on the symptoms, for example, pain or increasing size of the bulge, and physical findings, if the mass is increasing in size and/or becomes difficult to reduce. If in the treating physician's opinion, there is a heightened risk of incarceration, then prompt surgical correction of the hernia may be medically indicated. Based on the lack of documentation, a surgical consult is not medically necessary.