

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested ventral hernia repair **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/19/2013 disputing the Utilization Review Denial dated 4/4/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/22/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the requested ventral hernia repair **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Surgery and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 4, 2013.

“History of Condition: The question is: should the 1. right inguinal hernia repair 2. ventral hernia repair be authorized? History: [REDACTED] has a DOI of 02/12/13 and is noted to be a 51 year old male. This patient has diagnoses of ventral hernia; inguinal hernia. The MCM noted NARRATIVE: Injury/Mechanism of injury: According to Dr.’s first report, hernia suddenly appeared while at work. Treatment to date: none. DOCUMENTS INCLUDED: 2/19, 3/5 and 3/19 reports. On 2/19/13 doctor ([REDACTED]) noted sudden appearance of right inguinal hernia while at work. Line cook as occupation. Patient purchased a hernia belt. Exam noted reducible hernia with palpable defect. 4 cm size hernia with prominence while coughing. Referral noted. On 03/19/13 doctor ([REDACTED]) noted in partially legible handwriting that previous GSW noted (liver injury) and he noted old incision with ventral hernia. Patient noted this had recently increased in size while working. The hand drawing noted a right inguinal hernia in addition to the ventral hernia. On 03/28/13 request for both surgeries was submitted and this is now request.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review Determination by [REDACTED] (dated 4/4/13)
- Official Disability Guidelines (ODG) – Hernia Chapter: Ventral Hernia Repair Section

Please note that the Claims Administrator did not submit any of the employee's medical records in response to two separate requests for information. The MAXIMUS Expert Reviewer based his/her decision on the employee's condition as described in the utilization review letter.

1) Regarding the request for ventral hernia repair:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) - Hernia Chapter: Ventral Hernia Repair Section, which is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that the guidelines adopted by the administrative director pursuant to Section 5307.27 do not apply to the employee's condition and/or treatment requested. Pursuant to the strength of evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer used peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed service. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee experienced two hernias on 2/12/2013 while at work and was diagnosed with a ventral hernia and inguinal hernia. The Claims Administrator approved surgery to repair the inguinal hernia, but not the ventral hernia. The ODG section referenced above recommends ventral hernia repair in patients with pain and discomfort caused by a ventral hernia. The employee's condition is not likely to resolve without surgical intervention and there is long-term risk of incarceration if not repaired. The requested ventral hernia repair is medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dj

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.