

<b>Case Number:</b>	CM14-0145719		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/23/2010
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 64 year old male who sustained an injury on 7-23-10. The initial symptoms and complaints from the injury are not part of the medical records. A secondary interim evaluation from 7-7-14 reports the IW has been seen multiple times for symptoms of left inguinal pain. Diagnoses is Status post repair of recurrent left inguinal hernia; Significant inguinal pain underneath palpable mesh in subcutaneous tissue. The exam reveals no signs of any recurrent hernia and there is a palpable mesh just underneath the skin that is tender to touch. The recommendation and treatment plan suggested at this time is to have the mesh removed. The IW will require pain medications and anti-inflammatory medications to minimize gastritis. An ultrasound report from 1-19-11 is included in the records that reveal a left inguinal hernia is present. Current requested treatments Removal of Left inguinal mesh and possible left inguinal hemiorrhaphy, outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Removal of left inguinal mesh and possible left inguinal hemiorrhaphy, outpatient.:**  
 Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Hernia.

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

**Decision rationale:** There is sufficient clinical information provided to justify the medical necessity of this procedure. This injured worker has conclusive evidence to support the fact that he has symptomatic mesh erosion with ileoinguinal nerve involvement. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of hernia repair. According to the Official Disability Guidelines (ODG): "Repair of almost all symptomatic groin hernias is recommended. However, if symptoms are not severe, watchful waiting may be appropriate for as much as a year or two." This patient has mesh palpable in the subcutaneous tissue with clear signs and symptoms of pain in an ileoinguinal nerve distribution. The patient has had 2 prior inguinal hernia repairs. The previous reviewer, an occupational medicine physician, denied this request for surgery because he noted that mesh is not generally present in the subcutaneous tissue but is rather sewn to the fascia. This observation is correct; however, mesh erosion occurs when the posterior tail of the mesh, at the level of the external ring, protrudes up until it becomes palpable. Palpable mesh will eventually erode through the skin until exposure occurs. Exposure of a mesh foreign body leads to infection and need for emergent removal. The presence of a symptomatic, palpable mesh is an indication for explanation. A left inguinal hernia repair will most definitely need to be performed in this patient when his prior mesh is removed. Otherwise, medial recurrence through the inguinal canal would be likely. A preperitoneal approach is most likely to avoid scar tissue from his 2 prior repairs since involvement of the ileoinguinal nerve is demonstrated by his medial thigh neuropathy. Therefore, based on the submitted medical documentation, the request for removal of left inguinal mesh and possible left inguinal herniorrhaphy, outpatient is medically necessary.