

<b>Case Number:</b>	CM14-0202032		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	06/26/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 54 year old male, who sustained an industrial injury on 6-26-14 Initial complaint of a right groin strain. The injured worker was diagnosed as having right inguinal hernia sprain-strain right hip-thigh. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI right hip (7-1-15). Currently, the PR-2 notes dated 10-7-14 indicated the injured worker complains of lumbar spine pain rating intensity at 7 out of 10; complaints of tailbone pain. He denies and bilateral lower extremity radicular symptoms. Chiropractic therapy has been mildly helpful for pain and mobility. He complains of a right inguinal hernia with pain intensity of 8 out of 10. He has a palpable mass and is pending scheduling with a general surgeon. He reports Tramadol is not helpful for the pain and unable to take NSAIDs due to history of an ulcer. He was taking Norco from a prior physician. On physical examination the provider marked functional changes since the last exam as improved, slow than expected, increased mobility; decreased pain intensity and frequency. He has had conservative care including chiropractic therapy for his lumbar spine. This provider will schedule a general surgeon consult. The Utilization Review notes indicated the request had been modified to allow the right inguinal hernia repair but without an assistant surgeon. The provider at the time of the Utilization Review was requesting authorization of right inguinal hernia repair with mesh assistant surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Inguinal Hernia Repair/Mesh Asst Surgeon: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hernia Chapter.

**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 not sufficient clinical information provided to justify the medical necessity of an inguinal hernia repair with mesh and assistant surgeon. This injured worker has inconclusive evidence to support the fact that an assistant surgeon is necessary to perform his repair. 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". Watchful waiting is an acceptable option for men with minimally symptomatic hernias. This patient has clear documentation of a right inguinal hernia. The hernia is intermittently tender, palpable and reducible. Given the size of the patient's hernia sac, repair with mesh implantation using a Lichenstein type repair is appropriate. However, the need for an assistant surgeon is not obvious. The hernia has no complicating features, is not obstructive, incarcerated, strangulated or recurrent. Ergo, the need for an assistant surgeon is not indicated. Therefore, based on the submitted medical documentation, the request for inguinal hernia repair with mesh and assistant surgeon is not medically necessary.