



PROFESSIONAL ASSOCIATES

DATE OF REVIEW: 10/30/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient repair of inguinal hernia (49491)

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Board Certified in Internal Medicine

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Outpatient repair of inguinal hernia (49491) - Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Letters from Dr. dated 02/12/07 and 09/28/07

A precertification request form from Dr. dated 06/29/07

A letter of non-certification, according to the ODG, from, M.D. dated 09/05/07

A letter of non-certification, according the ODG, from, M.D. dated 10/03/07

Network guidelines were not provided from the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

On 02/01/07, Dr. recommended an evaluation with a general surgeon. On 06/29/07, Dr. recommended a hernia removal. On 09/05/07, Dr. wrote a letter of non-certification for the hernia removal. On 09/28/07, Dr. continued to recommend hernia removal surgery. Dr. wrote a letter of non-certification for the hernia removal surgery on 10/03/07.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

I would agree with the second utilizing physician in that there is very limited clinical data available. There are only reports of reports and reports of swelling. Certainly, a more thorough documentation of a physical examination and the findings would be helpful. However, based on the history, if a right inguinal hernia can be clearly documented and, based on the history of the onset (while working after lifting a heavy object) this would appear to be a work related hernia, as there is no other documentation indicating that a problem or hernia preexisted the lifting event. Therefore, it seems the patient is apparently having some symptoms and if this hernia can be clearly documented, surgical repair would appear to be reasonable and necessary as related to the original injury.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**