



Notice of Independent Review Decision

DATE OF REVIEW:

04/15/2008/AMENDED 04/18/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Surgery to the left side of the abdomen for hernia repair.

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

REVIEW OUTCOME

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

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.

Surgery to the left side of the abdomen for hernia repair is medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 03/27/08
- MCMC Referral dated 03/27/08
- Claims Management: Letter dated 03/27/08 from, IRO Coordinator
- Claims Management: Independent Review Organization Summary (first page only) dated 03/27/08
- DWC: Confirmation of Receipt of a Request For a Review dated 03/26/08
- DWC: Notice Of Assignment Of Independent Review Organization dated 03/26/08
- DWC: Notice To MCMC, LLC Of Case Assignment dated 03/26/08
- LHL009: Request For A Review By An Independent Review Organization dated 03/13/08
- Letters dated 02/28/08, 02/08/08, 01/29/08
- Surgeons: Office notes dated 02/04/08, 01/16/08 from, M.D.
- Management: Notice of Disputed Issue and Refusal To Pay Benefits dated 01/29/08
- Health Care System: Operative Report dated 01/04/08 from, M.D.
- Health Care System: Post Anesthesia Orders for Recovery Room dated 01/04/08
- Health Care System: Home Medication List, Outpatient Services dated 01/04/08
- Health Care System: Peri-Operative Record dated 01/04/08
- Post Anesthesia Care Record dated 01/04/08
- Health Care System: Outpatient/Patient History Data Collection dated 01/04/08
- Health Care System: Physical/Psychosocial Assessment dated 01/04/08
- Health Care System: Pre Procedure Check List dated 01/04/08
- Health Care System: Pre-Post Anesthesia Evaluation dated 01/04/08

- Nurse's Notes dated 01/04/08
- Surgeons: Order Requisition Form dated 01/03/08
- Doctor's Orders/Medical Assistant's Comments dated 01/03/08
- Health Care System: Consultation Report dated 12/22/07 from, M.D.
- Health Care System: History & Physical dated 12/21/07 from, M.D.
- Health Care System: Sonogram of scrotum, CT abdomen and pelvis, Addendum to CT of abdomen and pelvis dated 12/21/07
- DWC Form-1: Employers First Report of Injury or Illness dated xx/xx/xx
- Workers Compensation dated 12/21/07
- Health Care System: Physician's Orders dated 12/21/07
- Hospital record dated 12/21/07 (Review of Systems in middle of first page)
- Health Care System: Progress Record – Inpatient Post-Operative Note dated 01/04/07
- Administrative Services Supervisor: Undated memo
- DWC Form 73: Work Status Reports (two, both undated)
- Health Care System: Recovery Room record (undated)
- Undated Pain Ratings/Intensity of Pain form
- Undated Outpatient Surgery Nutrition Screen (page 1 of 2)
- Undated Urgent Care – General Multi-System Examination
- NOTE: Carrier did not supply ODG guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male who had a right inguinal hernia repair done in xx/xx/xx and a left hernia repair in xx/xx/xx. There was some dispute as to whether the left was necessary. The CT of xx/xx/xx demonstrates evidence of bilateral hernias.

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

The injured individual had a CT in xx/xx/xx that showed an overt right inguinal hernia and an enlarged left inguinal ring with fat. He had repair of the right in xx/xx/xx and then noted the left side was bothering him so this was repaired in x x/xx/xx. In hindsight, the radiologist dictated an addendum to the CT report that stated there was evidence of the left hernia. It would appear from this CT report that the left hernia had been present all along and required repair.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guideline 2007:

Recommended. Open surgical techniques using a mesh prosthesis instead of sutures to repair the defect are most commonly used to repair inguinal hernia. Laparoscopic repair is technically more difficult than open repair and there is evidence of a 'learning curve' in its performance. ([Wake-Cochrane, 2004](#)) The use of mesh during laparoscopic hernia repair is associated with a relative reduction in the risk of hernia recurrence of around 30-50%. However, there is no apparent difference in recurrence between laparoscopic and open mesh methods of hernia repair. The data suggests less persisting pain and numbness following laparoscopic repair. Return to usual activities is faster.

However, operation times are longer and there appears to be a higher risk of serious complication rate in respect of visceral (especially bladder) and vascular injuries. ([McCormack-Cochrane, 2003](#)) ([Grant, 2002](#)) There is evidence that the use of open mesh repair is associated with a reduction in the risk of recurrence of between 50% and 75%. Although the trials were heterogeneous there is also some evidence of quicker return to work and of lower rates of persisting pain following mesh repair. ([Scott-Cochrane, 2002](#)) Laparoscopic repair is superior to open procedures in terms of less post-operative pain and faster return to normal activities. The use of LA is recommended. Day-case surgery appears to be as safe and effective as inpatient surgery. Among the open procedures, the Shouldice repair appears to result in fewer recurrences, and possibly fewer complications compared with other suture methods. Open mesh repairs may cause less post-operative pain and lead to a faster return to normal activities compared to Shouldice. As laparoscopic repair takes longer to perform than open procedures, it is more expensive for the health care system, but it is possible that savings due to early return to work may result in lower overall costs for patients and society. ([Cheek, 1998](#)) ([Chung, 1999](#)) ([Simons, 1996](#)) ([Heikkinen, 1998](#)) ([Goodney, 2002](#)) ([Grant, 2002](#)) ([Kaafarani, 2005](#)) ([McCormack, 2005](#)) ([Bittner, 2005](#)) ([Wake-Cochrane, 2005](#)) Transverse incisions in abdominal surgery are based on better anatomical and physiological principles. They should be recommended, as the early postoperative period is associated with fewer complications (pain, burst abdomen, and pulmonary morbidity) and there is lower incidence of late incisional hernia after transverse compared with vertical laparotomy. A midline incision is still the incision of choice in conditions that require rapid intra-abdominal entry (such as trauma) or where the preoperative diagnosis is uncertain, as it is quicker and can easily be extended. ([Grantcharov, 2001](#)) Watchful waiting is an acceptable option for men with minimally symptomatic inguinal hernias. Delaying surgical repair until symptoms increase is safe because acute hernia incarcerations occur rarely. ([Fitzgibbons-JAMA, 2006](#)) See also [Laparoscopic repair](#), [Mesh repair](#), [Shouldice repair](#), [Transverse incisions](#).