

Notice of Independent Review Decision

**PEER REVIEWER FINAL REPORT**

**DATE OF REVIEW:** 3/7/2008  
**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Left Inguinal Hernia Repair (49505)

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer graduated from Uniformed Services University and completed training in Surgery General at Brooke Army Medical Center. A physician's credentialing verification organization verified the state licenses, board certification and OIG records. The physician is also board certified in vascular surgery. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Surgery General since 9/11/2001.

**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)

Left Inguinal Hernia Repair (49505) Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Clinical note dated 2/19/2008
2. Confirmation of receipt dated 2/19/2008
3. IRO request form dated 2/19/2008
4. Request for a review dated 2/18/2008
5. Clinical note by MD, dated 2/8/2008
6. Review summary by MD, dated 2/19/2008
7. Clinical note by MD, dated 2/18/2008
8. Review summary by MD, dated 2/14/2008
9. Notice dated 2/20/2008
10. Coversheet dated 2/5/2008
11. Utilization review referral dated 2/5/2008
12. Physician orders dated 2/12/2008
13. Clinical note dated 1/31/2008
14. Coversheet dated 2/11/2008
15. Clinical note by MD, dated 2/11/2008
16. Review referral dated 2/5/2008
17. Physician orders dated 2/12/2008
18. Coversheet dated 2/19/2008
19. Request for a review dated 2/18/2008
20. Clinical note by MD, dated 2/11/2008
21. Review referral dated 2/5/2008
22. Physician orders dated 2/12/2008
23. Clinical note dated 1/9/2008 and 1/24/2008

Name: Patient\_Name

24. Information sheet dated unknown
25. The ODG Guidelines were not provided
26. Clinical note dated 3/6/2008
27. Clinical note dated 3/6/2008
28. Notice of assignment dated 2/20/2008
29. Clinical note dated 1/31/2008
30. Clinical note dated 2/19/2008
31. Request for review dated 2/18/2008
32. Clinical note by MD, dated 2/11/2008
33. Review referral dated 2/5/2008
34. Physician orders dated 2/12/2008
35. Clinical note by MD, dated 1/31/2008
36. Clinical note dated 1/24/2008
37. Information sheet dated 1/30/2008

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

This old male employee who reportedly hurt his abdomen while at work. He noted a lump in his left groin area which was intermittent in appearance and mostly painless. He felt that it was getting bigger. There was a note of some dribbling post void. The impression was inguinal hernia.

At this time, the request for a left inguinal hernia repair is under review for medical necessity.

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

The initial denial was based on the lack of clinical documentation of a symptomatic inguinal hernia (the surgeon's note was scant and illegible). The newly submitted documentation, specifically the primary care note dated 1/9/2008 now does now support the presence of a symptomatic reducible left inguinal hernia. However, this note also documents the presence of a "non-tender mass in the left lower quadrant- could be stool". The surgeon's note dated 1/9/2008 does not appear to address this abdominal mass. There is a single, illegible notation for the abdominal exam. It is not appropriate to perform an elective inguinal hernia repair in the presence of an undiagnosed abdominal mass. A workup to diagnose the mass must be undertaken prior to the hernia repair. The request cannot be deemed medically necessary at this time and therefore the previous denial is upheld.

**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
- X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Malangoni M, Rosen M CHAPTER 44 – Hernias. In Townsend: Sabiston Textbook of Surgery, 18th Ed. Copyright 2008 Saunders