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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Nov/19/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Exploration and Decompression Left Ilioinguinal/Genitofemoral Nerve and Possible Recurrent Repair Left Inguinal Hernia

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

M.D., Board Certified General Surgery

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 medical necessity exists for each health care service in dispute. The reviewer finds medical necessity is not established for the proposed Outpatient Exploration and Decompression Left Ilioinguinal/Genitofemoral Nerve and Possible Recurrent Repair Left Inguinal Hernia.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Operative report dated 11/15/11

Operative report dated 01/31/12

Progress notes dated 06/25/12-07/12/12

Office visit note dated 07/18/12

Operative report dated 08/21/12

History and physical dated 10/15/12

Utilization review determination dated 10/23/12

Utilization review determination dated 11/01/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male whose date of injury is xx/xx/xx. He was moving heavy boxes and developed bilateral inguinal hernias. The claimant is status post right inguinal hernia repair on 11/15/11, and left inguinal hernia repair on 01/31/12. The claimant continued to complain of groin pain and was diagnosed with right groin postoperative neuralgia. He underwent right inguinal neurectomy on 08/21/12. The claimant was seen on 10/15/12 for a 2nd opinion with history of bilateral inguinal hernia repairs, followed by right inguinal re-exploration for nerve entrapment syndrome and chronic pain. He complains of left-sided pain now and he was felt to have a recurrent hernia. Physical examination reported scaphoid abdomen, non-tender to palpation with normal tone and without rigidity or guarding. There were no hernias present, bilateral inguinal hernia repairs appear intact with no change with Valsalva.

A request for outpatient exploration and decompression of left inguinal/genitofemoral nerve

and possible recurrent repair left inguinal hernia was non-certified on 10/23/12 following peer-to-peer discussion. It was noted that there was no clinical evidence of a recurring hernia or documentation that conservative management had been exhausted. It was also noted that full documentation for recurrent inguinal hernia has not been noted on diagnostic imaging, ultrasounds, or physical examination findings. Additionally, treatment of the suspected ilioinguinal nerve entrapment has not been noted including conservative treatment modalities, physical therapy, or oral medication.

A reconsideration/appeal request for outpatient exploration and decompression of left ilioinguinal/genitofemoral nerve and possible recurrent repair left inguinal hernia was non-certified by review dated 11/01/12. It was noted that the claimant had prior inguinal hernia repair on the right in 10/11. Due to continued right-sided pain, the claimant underwent a right inguinal neurectomy on 06/21/12. Clinical note dated 10/15/12 reports that the claimant was seen for bilateral inguinal discomfort. On physical examination, no hernias were present, and bilateral inguinal hernia repairs appeared intact with no change with Valsalva. Clinical note reported that the claimant had a complex history and is having recurrent pain in the left inguinal area, that the provided documented was very likely a combination of ilioinguinal and genitofemoral nerve entrapment syndrome and possibly a small left inguinal recurrent hernia. The reviewer noted that there were no objective findings on physical examination to support the request of surgical intervention. Furthermore, the clinical notes submitted for review did not include any kind of diagnostic imaging or ultrasound of the claimant's hernia repair sites to support re-injury to the area. The clinical notes do not indicate that the claimant has utilized any kind of anti-epileptic medication for neuropathic pain.

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

The claimant is noted to have sustained a lifting injury and developed bilateral inguinal hernias. The claimant underwent surgical repair of hernias with the right side performed on 11/15/11 and the left on 01/31/12. The claimant continued with right-sided groin pain and underwent right inguinal neurectomy on 08/21/12. He most recently was seen on 10/15/12 for a 2nd opinion regarding possible recurrent hernia. Physical examination on this date reported no hernias present, bilateral inguinal hernia repairs appear intact with no change with Valsalva maneuver. Noting that there is no evidence on physical examination of recurrent hernia, and no diagnostic/imaging evidence of recurrent hernia, and further noting that there is no documentation of conservative treatment including medications for neuropathic pain, the reviewer finds medical necessity is not established for the proposed Outpatient Exploration and Decompression Left Ilioinguinal/Genitofemoral Nerve and Possible Recurrent Repair Left Inguinal Hernia.

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

ACOEM-AMERICA 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

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)