

Case Number:	CM13-0038651		
Date Assigned:	12/18/2013	Date of Injury:	11/07/2012
Decision Date:	02/18/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in New York and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60-year-old male who reported an injury on November 7, 2012. The mechanism of injury was a fall. The patient was initially diagnosed with a right inguinal hernia and right groin strain. The patient was scheduled for hernia repair on June 13, 2013 with a follow-up appointment on June 25, 2013. On the date of his follow-up examination, the patient reported a right shooting pain over the left thigh. Physical examination reported that his testicles were normal, both located in the scrotum, with no swelling and no indication of a retractable hernia was present. The patient has had no new complaints since his hernia repair in June 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective CT scan of the abdomen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hernia, Imaging.

Decision rationale: The California MTUS/ACOEM Guidelines did not address the use of abdominal CTs; therefore, the Official Disability Guidelines were supplemented. ODG states that imaging techniques such as MRI, CT scans, and ultrasounds are unnecessary except in

unusual situations. CTs in particular, are useful when there is a large complex abdominal wall hernia in an obese patient. Otherwise, ultrasound is the imaging modality of choice when necessary. The clinical information submitted for review did not provide any evidence that the patient had a possible abdominal wall hernia or that he had another condition that would require the use of a CT. As such, the request for prospective CT scan of the abdomen is non-certified.

Prospective Ultrasound of the scrotum: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hernia, Imaging.

Decision rationale: The California MTUS/ACOEM Guidelines did not address the use of ultrasound in evaluating the scrotum; therefore, the Official Disability Guidelines were supplemented. ODG does not generally recommend the use of MRI, CT scans, or ultrasounds; however, to evaluate postoperative complications, ultrasound is the modality of choice. Due to the patient's ongoing complaints of pain to the bilateral groin and scrotal area, the request of an ultrasound is appropriate to determine if he has any postoperative complications, i.e., spermatic cord block. As such, the request for prospective ultrasound of the scrotum is certified.