

Case Number:	CM13-0050125		
Date Assigned:	12/27/2013	Date of Injury:	06/14/2006
Decision Date:	03/26/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/11/2013

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 California. 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 61-year-old male who reported a work related injury on 06/14/2006 due to falling from a broken scaffold approximately 15 feet onto a cement ridge/wall on his buttock. The patient has undergone right shoulder surgery as well as cervical and lumbar fusion. Recent clinical documentation stated the patient had been experiencing abdominal discomfort and a protruding lesion just above his umbilicus. Clinical findings were suggested that a ventral abdominal hernia following his prior anterior lumbar decompression and fusion in 2009. The request has been made for 1 abdominal CT without contrast and 1 abdominal ultrasound without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) abdominal CT without contrast: 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), Hernia Chapter, Imaging.

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

Decision rationale: Official Disability Guidelines state that imaging is not recommended for hernias except in unusual situations. Imaging techniques such as MRI, CAT scan, and ultrasound are unnecessary except in unusual situations. Guidelines state that ultrasounds can accurately diagnosis groin hernias and this may justify its use in assessment of occult hernias. Computerized tomography may have a place, particularly with large complex abdominal wall hernias in the obese patient. There was no documentation stating the patient was obese and he was not noted to have a complex abdominal wall hernia which would require computerized tomography. Therefore, the request for 1 abdominal CT without contrast is non-certified.

One (1) abdominal ultrasound without contrast: 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 Chapter, Imaging.

Decision rationale: The Physician Reviewer's decision rationale: Official Disability Guidelines state that imaging techniques such as MRI, CT scan, and ultrasound are unnecessary for hernias except in unusual situations. In experienced hands, ultrasound is currently the imaging modality of choice when necessary for groin hernias and abdominal wall hernias. Guidelines state that clinically obvious hernias do not need ultrasound confirmation, but surgeons may request ultrasound for confirmation or exclusion of questionable hernias or for evaluation of asymptomatic side to detect clinically occult hernias. The patient was noted to have clinical findings suggestive of a ventral abdominal hernia. He had not yet seen a surgeon for consultation of his hernia. Given the above, the request for 1 abdominal ultrasound without contrast is non-certified.