

Case Number:	CM13-0063885		
Date Assigned:	12/30/2013	Date of Injury:	10/28/2013
Decision Date:	05/21/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine 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 expert 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 applicant is a [REDACTED] employee who has filed a claim for an umbilical hernia reportedly associated with an industrial injury of October 28, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; consultation with a general surgeon; transfer of care to and from various providers in various specialties; and work restrictions. In a Utilization Review Report of November 21, 2013, the claims administrator denied a request for a CT scan of the abdomen and pelvis. The applicant's attorney subsequently appealed. In a letter dated November 12, 2013, the attending provider writes that the applicant has a small reducible umbilical hernia on inspection. No evidence of inguinal hernias was detected, Final Determination Letter for IMR Case Number CM13-0063885 3 however. It was stated that the applicant has a body habitus which makes it difficult to clearly delineate an inguinal hernia. The attending provider states that CT scanning should be employed to help clearly delineate the presence or absence of an inguinal hernia. An October 29, 2013 progress note is notable for comments that the applicant developed groin pain after lifting heavy box weighing over 60 pounds. The applicant's BMI is 29. The applicant apparently has right-sided inguinal hernia appreciated. A general surgery consultation was sought by the applicant's primary treating provider at that point.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN OF THE ABDOMEN AND PELVIS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines., CT Scan

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 topic

Decision rationale: The MTUS does not address the topic. As noted in the Official Disability Guidelines Hernia Chapter, Imaging topic, imaging studies are generally not recommended except in unusual situations. Typically, imaging testings such as CT scan, ultrasound, and MRI are not necessary except in unusual situations. In this case, however, the applicant's general surgeon has written that he has been able to conclusively detect the presence of an umbilical hernia but was not able to conclusively identify an inguinal hernia via inspection and palpation. CT scanning to clearly delineate the presence or absence of an inguinal hernia is indicated; particularly the applicant's surgeon writes that he would act on the results of the study in question and consider a surgical remedy based on the outcome of the same. Given the above this warrants a CT scanning. Therefore, this request is medically necessary and appropriate.