

Case Number:	CM13-0066971		
Date Assigned:	01/03/2014	Date of Injury:	07/15/2013
Decision Date:	04/21/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/17/2013

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 Family Practice, and is licensed to practice in 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 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 patient is a 63 year-old male with a date of injury on 07/15/2013. The patient had surgery on 07/28/2013 to correct an intestinal blockage and repair to his bilateral hernias that was noted to be from the injury he sustained on 07/15/2013. The clinical note from 12/09/2013 the patient continues to have pain at 7/10, to the left inguinal region and the pain was radiating to the left testicle and thigh. On examination it was documented the patient had a 2+ tenderness to the abdomen. The treatment plan was noted for the patient to have a CT scan to the pelvis and abdomen to rule out a re-herniation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN OF ABDOMEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hernia

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

Decision rationale: The Official Disability Guidelines (ODG) indicates imaging is not recommended except in unusual situations. ODG indicate that imaging techniques such as MRI,

CT scan, and ultrasound are unnecessary except in unusual situations. The documentation submitted for review fails to demonstrate there is an unusual situation with this patient to warrant a CT scan versus diagnosing the patient by physical examination. Therefore, the request for CT scan of abdomen is not medically necessary and appropriate.