

<b>Case Number:</b>	CM14-0001457		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	10/22/2013
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Illinois. 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 51-year-old male who reported injury on 10/22/2013. The mechanism of injury was noted to be the patient was cutting dead branches from a tree, and when he cut a large branch, it bounced off the ground and impacted his face on the right side, giving him a large laceration on the right eyebrow. The recent documentation dated 12/04/2013 revealed the patient had pain in the right testicular area due to a possible hernia. The diagnosis was noted to include hernia pain on the right side. The physician opined the patient should be referred to a hernia specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internist Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2004, Independent Medical Examinations and Consultations, Chapter 7, page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 163

**Decision rationale:** ACOEM Guidelines indicate consultation is to aid in assessing diagnosis, prognosis, and therapeutic management of a patient. However, the physician stated the patient had possible hernia right testicular pain. However, there was a lack of documentation indicating objective findings to support the necessity for a referral. There was a lack of objective findings to support the patient had a hernia and had a need for a consultation. Given the above and the lack of documentation, the request for Internist evaluation is not medically necessary.