

Case Number:	CM14-0003698		
Date Assigned:	02/03/2014	Date of Injury:	10/28/2013
Decision Date:	06/20/2014	UR Denial Date:	01/01/2014
Priority:	Standard	Application Received:	01/10/2014

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 patient is an employee of [REDACTED] and has submitted a claim for umbilical hernia without obstruction/gangrene associated with an industrial injury date of October 28, 2013. Treatment to date has included oral analgesics and modified duties. Medical records from 2013 were reviewed and showed severe right lower quadrant pain radiating to the upper thigh with associated nausea and vomiting. The most recent physical examination showed a direct, reducible inguinal hernia on the right. The assessment was direct inguinal hernia, right. An abdominal and pelvic ultrasound was done on December 5, 2013 with the only finding being a focal area in the anterior lower left quadrant likely representing focal herniation. A CT of the abdomen and pelvis with contrast was requested to rule out bilateral hernias. Utilization review dated December 30, 2013 denied the request for CT scan of the abdomen and pelvis with contrast due to no clinical findings in the right lower abdomen and ultrasound result was negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN WITH ORAL CONTRAST AND & ABDOMEN AND PELVIS W/CONTRAST (OUTPATIENT): 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), Imaging Techniques, Computerized Tomography.

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 CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines, Hernia Chapter was used instead. ODG does not recommend imaging techniques such as MRI, CT scan, and ultrasound except in unusual situations. Ultrasound (US) can accurately diagnose groin hernias and this may justify its use in assessment of occult hernias. In experienced hands US is currently the imaging modality of choice when necessary for groin hernias and abdominal wall hernias. Computerized tomography (CT) may have a place, particularly with large complex abdominal wall hernias in the obese patient. In this case, given the physical finding of a right inguinal hernia and an ultrasound finding of left focal herniation, the purpose of the requested CT scan to rule out bilateral hernias was not clinically warranted as the guideline states that ultrasound can accurately diagnose groin hernias. CT scan may be requested in unusual situations and where there is large, complex abdominal wall hernias in an obese patient, which is not the case in this patient. The medical necessity has not been established. Therefore, the request for CT scan with oral contrast and abdomen and pelvis w/contrast (outpatient) is not medically necessary.