MAXIMUS Federal Services

Case Number:	CM14-0163025		
Date Assigned:	10/08/2014	Date of Injury:	12/12/2013
Decision Date:	11/26/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	10/03/2014

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 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 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 underlying date of injury in this case is December 12, 2013. The date of the utilization review under appeal is August 28, 2014. The reported diagnosis in this case is brachial radiculitis. A handwritten prescription with a fax date of September 10, 2014 appears to be dated July 20, 2014. That note requests an ultrasound of the scrotum, apparently referring to a nodule in the left testes, although that is difficult to read. Part of an office note of August 19, 2014 is dictated and appears to indicate a request for the patient to be referred for an ultrasound of the scrotum to rule out epididymitis on an industrial basis; that office note is not complete.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of Scrotum: 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), Treatment Index, 11th Edition (web), 2014, Hernia, Imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: The ACOEM Practice Guidelines, discusses that when a patient is initially seen for an industrial injury the treating physician should document a history and physical

examination in order to rule out red flag factors or items of particular clinical concern. The medical records do not contain a complete physician history and physical examination with enough rationale for the requested ultrasound. This request is therefore not medically necessary. In addition, given this limited clinical information, it is not possible to apply a specific treatment guideline for this decision.