

Case Number:	CM14-0170830		
Date Assigned:	10/23/2014	Date of Injury:	06/26/2014
Decision Date:	12/02/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/15/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 54 year old male who was injured on 6/26/2014 after falling from a ladder. He was diagnosed with right proximal hamstring/adductor strain/sprain and right inguinal hernia. He was treated with physical therapy and pain medication. On 9/8/14, the worker was seen by his primary treating physician reporting that he was working full time but with light duty capacity restrictions and continued to experience pain in low back hips, and right inguinal area. He also noticed a lump in the inguinal area on the right side. His overall pain level was rated at 3/10 on the pain scale. Physical findings included a large tender reducible herniation over the right inguinal canal. He was then recommended chiropractic treatments for his back, a urine drug test, naproxen, interferential unit, and a topical analgesic for his back, referral for a general surgeon, and an ultrasound of the right inguinal area for his hernia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of RT Inguinal: Upheld

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

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

Decision rationale: The MTUS Guidelines do not address ultrasounds for the evaluation of hernias. The ODG states that imaging for the evaluation of hernias is generally not recommended except in unusual situations such as when an occult hernia is suspected or when an assessment for post-operative complications is required. Physical examination is the primary method of evaluating for hernias. In the case of this worker, although a referral to a general surgeon is appropriate considering his diagnosis of right inguinal hernia, there is no need for an ultrasound with as clear a physical examination finding as was documented in the progress notes available for review, which is all that is required for diagnosis and preparation for surgery. Therefore, the ultrasound of the right inguinal area is not medically necessary.