

Case Number:	CM14-0035829		
Date Assigned:	06/23/2014	Date of Injury:	01/13/2009
Decision Date:	08/11/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/24/2014

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 General Surgery 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:

This 56-year-old male had a right inguinal mesh hernia repair done in 2008. Postoperatively he complained of incisional and groin pain radiating in to the scrotal sac. This had decreased in 1/2009 and he was finding successful relief with NSAIDs. The internist, [REDACTED], stated on 1/12/12 that the injured workers abdominal pain was now limited to the right groin. The doctor noted tenderness with deep palpation of the right inguinal canal. [REDACTED] has requested an ultrasound examination of the right groin, which was denied on 2/26/14. The diagnosis is dermatophytosis of groin. A hernia has not been identified on exam and it appears that the injure worker has not been seen by a surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN ULTRASOUND OF THE RIGHT GROIN: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hernia Section, 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 records provided for review show that the injured worker continues to have neuropathic complaints related to the right inguinal hernia mesh repair, which was performed in 2008. There is no indication that the injured worker has a recurrent hernia. The records show that the injured worker does have complaints of pain radiating into the scrotal sac and requires evaluation of the ileoinguinal, ileohypogastric, and genitofemoral nerves of the groin. The standard of care is for an ultrasound of the groin when a hernia is suspected, which also allow for the mesh position to be evaluated. In this case, the injured worker does have a history of a large incarcerated right inguinal hernia. Therefore, the request for the ultrasound of the right groin is medically necessary.