

Case Number:	CM14-0037326		
Date Assigned:	06/25/2014	Date of Injury:	03/22/2013
Decision Date:	07/23/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/27/2014

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 male who was injured on 2/2/13, which involved abdominal pain after lifting a 50-pound object. He later was diagnosed with a right inguinal hernia, which was repaired by a surgeon on 4/19/13. Follow-up testing with CT of the abdomen and pelvis on 6/5/13 showed fluid collection in the left inguinal region and abdominal ultrasound done on 7/29/13 showed no masses or fluid on the left or the right, and was essentially normal. The worker reportedly complained of bilateral inguinal recently, and a repeat ultrasound was requested for evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound bilateral 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 (ODG) Hernia Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27-28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hernia section, Imaging.

Decision rationale: The MTUS does not address ultrasounds for hernia, but does state that for evaluation of hernia subjective review of symptoms and physical examination is sufficient in

order to screen for severity requiring a surgical consultation, such as if the bulge in the inguinal area cannot be pushed back in. The ODG states that imaging for the assessment of hernias is not recommended generally, and may be considered only in cases where the physician is suspecting an occult hernia, not obvious on physical examination or for post-operative evaluations. Clinically obvious hernias do not require an ultrasound to change the treatment plan. In the case of this worker, there is no documentation found in the reports provided for review clarifying the hernia presentation, and if the ultrasound was justified or not. Without supportive evidence of a special need for this test beyond physical examination findings, the ultrasound for bilateral inguinal is not medically necessary.