

Case Number:	CM14-0056168		
Date Assigned:	07/09/2014	Date of Injury:	03/15/2013
Decision Date:	08/25/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/25/2014

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, neck pain, knee pain, shoulder pain, and suspected inguinal hernia reportedly associated with an industrial injury of March 15, 2013. Thus far, the applicant has been treated with the following: Unspecified amounts of physical therapy and extensive periods of time off of work. The applicant, it is incidentally noted, has also alleged symptoms of anxiety and depression, reportedly attributed to the industrial injury. In a utilization review report dated April 7, 2014, the claims administrator denied a request for ultrasound imaging of the groin stating that the attending provider did not document any complaints referable to the inguinal region. Portions of the claims administrator denial also based on causation grounds stating that there was no mention of the manner of which the inguinal region was involved with this injury. The applicant's attorney subsequently appealed. On October 29, 2013, the applicant was described as having been terminated by his former employer. The applicant has also been treated in [REDACTED], it was noted. The applicant presented with neck pain, upper back pain, and bilateral leg pain, it was acknowledged. It was stated in the diagnosis section of the report that the applicant had also sustained a groin strain. The attending provider stated that he was proposing authorization for an ultrasound to rule out a right inguinal hernia. Groin issues, however, were not specifically detailed in the either the subjective section of the report or in the objective section of the report. In a later note dated March 11, 2014, the applicant again presented with primary complaints of neck and low back pain. There is no mention of groin issues on this date. Ultrasound-guided steroid injection to the knees and shoulders were sought while the applicant was placed off of work on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonogram to rule out right inguinal hernia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines HerniaImaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hernia Chapter, Imaging topic.

Decision rationale: The MTUS does not address the topic. As noted in the ODG Hernia Chapter Imaging Section, imaging studies such as the ultrasound in question are unnecessary except in unusual situations. In this case, it is not clearly stated why an ultrasound of the groin is being sought. It does not appear that the attending provider inspected the groin to determine whether or not a hernia was readily visible. It appears, furthermore, that applicant's groin complaints eventually subsided spontaneously over time, as later progress notes ceased to mention any issues associated with the groin. Therefore, the request is not indicated both owing to the unfavorable guideline recommendation as well as owing to the lack of clearly detailed complaints or findings referable to the groin region. Accordingly, the request is not medically necessary.