

Case Number:	CM14-0070522		
Date Assigned:	07/14/2014	Date of Injury:	10/06/2013
Decision Date:	10/03/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/15/2014

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 Internal Medicine 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 injured worker is a 47 year old female who sustained an injury to her left groin on 10/06/13 due to cumulative trauma while performing her usual and customary duties as a sales associate. The injured worker stated that on 10/06/13 she was moving bags to look for a package and she moved a bag off the top shelf. As she lifted the bag off, then back on to the shelf, she experienced increased pain at the left hip/groin with low and upper back pain 5/10 visual analog scale (VAS). Pain level elevated to 9/10 VAS the following day. No diagnostic studies were performed and she was told she had hernia of the groin. She was not provided with any treatment and was released to return to work with restrictions of no lifting over 15 pounds. She underwent chiropractic manipulation treatment and was eventually taken off work on 12/02/13, at which time her overall pain decreased. Clinical note dated 04/30/14 reported that the injured worker continued to complain of pain in the left hip/groin. Current medications included Naproxen. Physical examination was essentially unremarkable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Left Groin Hernia: 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), 2013, Hernia/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 chapter, Imaging

Decision rationale: The Official Disability Guidelines state that diagnostic ultrasound for groin hernia is not recommended except in unusual situations. Imaging techniques such as magnetic resonance image, computed tomography scan and ultrasound are unnecessary, except in unusual situations. Clinically obvious hernias do not need ultrasound confirmation, but surgeons may request ultrasound for confirmation or exclusion of questionable hernias or for evaluation of the asymptomatic side to detect clinically occult hernias. If positive, this allows bilateral hernia repair at a single operation. There was no indication that a surgical intervention was anticipated. Given this, the request for ultrasound of left groin hernia is not indicated as medically necessary.