

Case Number:	CM14-0074242		
Date Assigned:	07/16/2014	Date of Injury:	05/31/2012
Decision Date:	08/22/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/21/2014

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, has a subspecialty in Pain Medicine 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:

This case involves a 43 year old who sustained an injury on 05/31/2012 due to a slip and fall accident. The injured worker slipped and fell landing on his hands immediately feeling lower back and left hand pain. The injured has a history of cervicothoracic sprain/strain, upper arm and shoulder sprain/strain unspecified, lumbar displacement herniation, protrusion, and rupture. He had a status post bilateral inguinal hernia on 01/17/2014 and a pending MRI. The injured worker had 24 chiropractic therapy sessions. The clinical note dated 02/20/2014 revealed a pain level of 10/10 to the abdominal region at 5 weeks post-operative status. In addition, it was noted that he had lower back pain at 9/10, left leg pain at a 6/10, right shoulder pain 4/10 and testicular pain 6/10 using the Visual Analog Scale (VAS). His medications include Norco 10/325 mg, Anaprox DS 550 mg, and Fexmid 7.5 mg. The objective findings revealed an antalgic gait, stiffness with movement, along with difficulty with standing and sitting. Additional clinical notes, with an unknown date, indicated continued bilateral inguinal pain status post-surgery and painful ambulation. However, the pain had decreased to a 7/10 controlled with Norco. It was noted that the injured worker was very comfortable. Additionally, the injured worker was scheduled for a second injection to the lumbar/sacral area on 02/27/2014. The treatment plan included a second injection and physical therapy for the bilateral inguinal hernia. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3xwk x 4wks Bilateral Inguinal Hernia: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23.

Decision rationale: The rationale decision for physical therapy 3 times a week for 4 weeks for the bilateral inguinal hernia is not medically necessary. The California MTUS Guidelines do not recommend physical therapy for a hernia. No evidence of successful outcomes compared to surgery. Per the clinical notes the injured worker indicated relief with pain medication as such, the request is not medically necessary.