

Case Number:	CM14-0078957		
Date Assigned:	07/18/2014	Date of Injury:	02/03/2014
Decision Date:	09/23/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/29/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has a filed a claim for groin pain reportedly associated with an industrial injury of February 3, 2014. Thus far, the applicant has been treated with the following: Unspecified amounts of physical therapy and negative ultrasound of the groin. In a utilization review report dated May 14, 2014, the claims administrator denied a request for a CT scan of the inguinal region to rule out a hernia. The applicant's attorney subsequently appealed. In a Doctor's First Report dated February 10, 2014, the applicant reported "minor" 2/10 groin pain. No hernia was palpated. The applicant was returned to regular duty. An ultrasound of the groin of March 18, 2014 was read as negative for any evidence of right inguinal hernia. On May 6, 2014, the applicant reported 3/10 groin pain. No large hernia was appreciated. The treating provider acknowledged the negative ultrasound of the groin. Regular duty work and a CT scan with contrast of the inguinal area were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Inguinal Area CT Scan with Contrast to rule out 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.

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

Decision rationale: The MTUS does not address the topic. As noted in ODG Hernia Chapter Imaging Topic, imaging studies of the groin such as MRI, CT scan, and ultrasound are "unnecessary except in unusual situations." In this case, the applicant has already had a negative ultrasound of the groin. It is unclear why the attending provider has himself reported that he did not find any evidence of a hernia on history and physical. It is unclear why a CT scan has been endorsed in the face of the unfavorable guideline recommendation and in the face of the applicant's clinical presentation here, which does not appear consistent with that of an inguinal hernia. Therefore, the request is not medically necessary.