

<b>Case Number:</b>	CM14-0091745		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 patient was injured on September 4, 2012. The patient continued to experience acid reflux, nausea, and bright red blood per rectum. Physical examination was notable for soft abdomen, and normoactive bowel sounds. Diagnoses included abdominal pain, gastroesophageal reflux, constipation, and bright red blood per rectum. Treatment included medications. Request for authorization for pelvic ultrasound to rule out inguinal hernia was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pelvic Ultrasound to r/o (rule out) a right inguinal hernia:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate: Classification, clinical features and diagnosis of inguinal and femoral hernias in adults.

**Decision rationale:** Groin hernias have a variety of clinical presentations ranging from a finding of a bulge in the groin region on routine physical examination (with or without pain), to emergent, life-threatening presentations due to bowel strangulation. Incarcerated or strangulated

hernias can present as acute mechanical intestinal obstruction without obvious symptoms or signs of a groin hernia, particularly if the patient is obese. Groin discomfort is most pronounced when intra-abdominal pressure is increased, such as with heavy lifting, straining, or prolonged standing. Very little pressure is needed to create the discomfort, which resolves when the patient stops straining or lies down. The most common physical finding in adults is a bulge in the groin. Examination for hernia is best done with the patient standing and the physician seated in front of the patient. Observation of the groin will occasionally reveal an obvious bulge. This can be confirmed as a hernia by placing the hand over the bulge and asking the patient to cough or perform a Valsalva maneuver. When coughing, hernias produce a distinct, soft impulse that increases the protrusion. Groin ultrasound is recommended as the initial diagnostic modality, because it is noninvasive, and inexpensive, and overall has a high sensitivity and specificity for hernia. In this case there is no documentation that the patient had groin discomfort, or bulge in the groin. The patient does not demonstrate clinical signs or symptoms concerning for inguinal hernia. Medical necessity has not been established.