

<b>Case Number:</b>	CM14-0199724		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	07/18/2012
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas

Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Section 1: The injured worker is a 52-year-old male who reported an injury on 07/18/2012. The mechanism of injury reportedly occurred while the injured worker was moving pieces of concrete down an incline and he tripped and fell onto his outstretched right arm. His diagnoses included psoas tendinitis, sports hernia, and radiculopathy versus nerve entrapment. His past treatments included medications and injections. Diagnostic studies included a right shoulder MRI, a right shoulder MR arthrogram, an x-ray of the right foot, an x-ray of the lumbar spine, and an x-ray of the right hip. His surgical history included a rotator cuff revision performed on 09/07/2013. The injured worker presented on 09/24/2014 with right groin pain. The injured worker reported that over the past 4 weeks, he described a numbness in the right toe. His current medication regimen was noted as levothyroxine, Plaquenil, Excedrin, Protonix, Mobic, tramadol, and vitamin supplements. Upon physical examination of the groin, palpation revealed no palpable hernias. The femoral region was intact. The left groin was unremarkable. The injured worker was further noted to be neurovascularly intact in his extremities. The treatment plan included an initial 2 weeks of conservative treatment with anti-inflammatories, dry heat, and rest. Further options were discussed, such as an evaluation by pain anesthesia and therapeutic activity followed by surgical options. The rationale for the request was long term right groin pain. A Request for Authorization form was not provided within the submitted documentation for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Re-Evaluation with a General Surgeon: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Hernia Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hernia, Office visits.

**Decision rationale:** The injured worker has right groin pain. The Official Disability Guidelines state that office visits with a healthcare provider are individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The injured worker presented on 09/24/2014 for a surgical consultation and had a physical examination and there was a treatment plan agreed upon by the injured worker and the physician. The documentation submitted for review failed to provide evidence of a change in the injured worker's symptoms necessitating the need for a re-evaluation with a general surgeon. As such, the request for a re-evaluation with a general surgeon is not medically necessary.

**Evaluation & Treatment with a Spine Specialist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Office visits.

**Decision rationale:** The request for an evaluation and treatment with a spine specialist is not medically necessary. The injured worker was evaluated for a hernia. The Official Disability Guidelines recommend office visits to be medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The injured worker was noted to have no change in his condition after receiving a hip injection and was noted to have tenderness to his psoas musculature. The treating physician recommended an evaluation and treatment with a spine specialist. Additionally, the physician ordered Mobic and Ultram. However, there was no evidence of a trial and failure of conservative treatment, including medications, physical therapy, a home exercise program, NSAIDs, or muscle relaxants to treat the psoas muscles. Given the above, the request for an evaluation and treatment with a spine specialist is not medically necessary.