

Case Number:	CM15-0001950		
Date Assigned:	01/13/2015	Date of Injury:	08/12/2013
Decision Date:	04/09/2015	UR Denial Date:	12/25/2014
Priority:	Standard	Application Received:	01/05/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55-year-old male who reported an injury on 08/12/2013. The mechanism of injury involved repetitive activity. The current diagnosis is umbilical hernia. The injured worker presented on 05/15/2014 with complaints of intermittent pain and fullness in the umbilical region. The injured worker had a history of diabetes and heart disease. Upon examination, the abdomen was soft, non-tender, and non-distended. There was an umbilical hernia noted. There was no evidence of organomegaly or masses. There were no other ventral hernias noted. The injured worker's condition had not reached Maximum Medical Improvement. There was an indication for umbilical hernia repair surgery as an outpatient after preoperative medical clearance. A Request for Authorization form was then submitted on 12/03/2014 for a CT scan of the abdomen and pelvis.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of The Abdomen and Pelvis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: According to the Official Disability Guidelines, imaging techniques, such as MRI, CT scan, and ultrasound are unnecessary, except in unusual situations. Ultrasound can accurately diagnosis a groin hernia. In this case, the Official Disability Guidelines do not recommend CT scans for hernia assessment, except in cases of large, complex abdominal wall hernias in the obese patient. There was also no mention of a diagnostic ultrasound provided prior to the request for a CT scan. The medical necessity has not been established in this case. Therefore, the request is not medically appropriate at this time.