

<b>Case Number:</b>	CM15-0004585		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	01/21/2014
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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

Certification(s)/Specialty: Emergency Medicine

### 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 45 year old male, who sustained an industrial injury on January 21, 2014. He has reported sharp shooting pain in his abdomen and left groin after lifting a television set. The diagnoses have included unilateral inguinal hernia, low back pain, and strain of abdominal muscle. Treatment to date has included medications, right side hernia repair in January 2014, modified duty work status. Currently, the IW complains of continued right sided groin pain. On October 8, 2014, he is noted to be approximately 6 months status post hernia repair. The abdomen is noted to have tenderness of the right suprapubic area. The surgical area of the right groin is noted to be non-tender, and have no swelling. On January 5, 2015, the abdomen was palpated with no tenderness noted. On December 15, 2014, Utilization Review non-certified an ultrasound for right inguinal hernia, based on ODG guidelines. On December 20, 2014, the injured worker submitted an application for IMR for review of ultrasound for right inguinal hernia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound Right Inguinal 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: Hernia Chapter

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

**Decision rationale:** The requested Ultrasound Right Inguinal Hernia, is not medically necessary. CA MTUS is silent and ODG, Hernia noted that abdominal ultrasound is recommended only in unusual clinical situations. The injured worker has complaints of continued right sided groin pain. On October 8, 2014, the treating physician has documented that the injured worker is noted to be approximately 6 months status post hernia repair. The abdomen is noted to have tenderness of the right suprapubic area. The surgical area of the right groin is noted to be non-tender, and have no swelling. On January 5, 2015, the abdomen was palpated with no tenderness noted. The treating physician has not documented sufficient abdominal exam findings to indicate an unusual clinical situation requiring imaging studies. The criteria noted above not having been met, Ultrasound Right Inguinal Hernia is not medically necessary.