

Case Number:	CM15-0006814		
Date Assigned:	01/22/2015	Date of Injury:	10/06/2013
Decision Date:	03/17/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/13/2015

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: New York, Tennessee
 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 48 year old female who sustained an industrial injury on 10/6/2013. She has reported low back, left knee and inguinal pain. The diagnoses have included lumbosacral sprain/strain with possible neural encroachment, lumbar spondylolisthesis and discopathy and possible inguinal hernia. The injured worker had a left total knee replacement with revision and right knee strain as compensatory injury. Treatment to date has included 34 visits of physical therapy, home exercises and left knee drainage and medication management. Currently, the IW complains of lumbar and left inguinal pain and bilateral knee pain. Treatment plan included an abdominal ultrasound. On 12/22/2014, Utilization Review non-certified an abdominal ultrasound, noting the lack of medical necessity. The MTUS was cited. On 1/6/2015, the injured worker submitted an application for IMR for abdominal ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abdominal Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hernia Chapter, Ultrasound, diagnostic, Imaging

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Classification, clinical features and diagnosis of inguinal and femoral hernias in adults UpToDate: Transabdominal ultrasonography of the small and large intestine

Decision rationale: Transabdominal ultrasonography is most commonly used to obtain images of hepatobiliary, urogenital, and pelvic structures. Its utility for imaging the alimentary gastrointestinal tract is less well established, principally because of technical difficulties in obtaining quality images of these regions. In this case the abdominal ultrasound is requested to for evaluation of inguinal pain to determine if an inguinal hernia is present. 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. Ultrasonography is the best initial diagnostic modality for identifying occult inguinal hernia in patients with suggestive symptoms but no detectable hernia on physical examination. Groin ultrasound as the initial diagnostic modality recommended. In this case documentation in the medical record does not support the diagnosis of inguinal hernia. There are no symptoms of gastrointestinal symptoms and there is no inguinal bulge. In addition abdominal ultrasound is not the imaging study of choice to evaluate for inguinal hernia. The request should not be authorized.