

Case Number:	CM15-0102196		
Date Assigned:	06/04/2015	Date of Injury:	05/20/2005
Decision Date:	07/10/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	05/27/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

This 47 year old man sustained an industrial injury on 5/20/2005 due to cumulative trauma. Diagnoses include right shoulder impingement, right knee internal derangement, lumbar spine discopathy, and left inguinal hernia with repair. Treatment has included oral medications. Physician notes on a doctor's first report of injury or illness form dated 4/8/2015 show complaints of neck pain with radiation to the right shoulder, low back pain rated 5/10 with radiation to the bilateral lower extremities, bilateral shoulder pain rated 3/10, bilateral knee pain rated 5/10, and a hernia along the left groin rated 3/10. Recommendations include x-rays of the bilateral knees and low back, MRIs of the bilateral knees and lumbar spine, ultrasound of the left inguinal area to rule out recurrent hernia, lumbar brace, interferential unit for home use, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of the inguinal region: 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, Imaging.

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

Decision rationale: The ACOEM and California MTUS do not specifically address the requested services. The ODG states imaging techniques such as MRI, CT scan and ultrasound are unnecessary except in unusual cases or the diagnosis of occult hernia. Surgeons may request ultrasound for confirmation or exclusion of questionable hernias or occult hernias. The provided clinical documentation for review does not meet this criteria and therefore the request is not certified. Therefore, the requested treatment is not medically necessary.