

Case Number:	CM15-0207563		
Date Assigned:	10/26/2015	Date of Injury:	07/31/2015
Decision Date:	12/09/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/22/2015

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: Physical Medicine & Rehabilitation

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 65 year old male who sustained an industrial injury on 07-31-2015. Medical records indicated the worker was treated for a right inguinal sprain-strain, rule out inguinal hernia, abdominal sprain-strain, rule out umbilical hernia, left hip sprain-strain rule out trochanteric bursitis and lumbar spine sprain-strain rule out lumbar disc herniation. In the provider notes of 09-22-2015, the injured worker complains of constant pain described as sharp, throbbing, aching, and tender and shooting in the hernia that he rates as an 8 out of 0-10. The pain travels to his right groin and increases with bending, pushing, pulling, lifting, and carrying. On examination, the worker had muscle weakness over the anterior abdominal wall with tenderness over the inguinal area and a 1-1/2 cm umbilical hernia on the right. There is right inguinal hernia with cough impulse. Medications prescribed are Fexmid, Ultracet, Voltaren, and Prilosec. Treatment plan included the above medications, physical therapy, and a LSO (Lumbar-Sacral Orthosis.) brace. A request for authorization was submitted for Sonogram for ventral umbilical and inguinal hernia. A utilization review decision 10-16-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonogram for ventral umbilical and inguinal hernia: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, under Imaging.

Decision rationale: The patient presents on 09/22/15 with sharp hernia pain rated 8/10. The patient's date of injury is 07/31/15. The request is for sonogram for ventral umbilical and inguinal hernia. The RFA was not provided. Physical examination dated 09/22/15 reveals muscle weakness in the anterior abdominal wall, tenderness over the inguinal region with a 1.5cm inguinal hernia on the right with positive cough impulse. The patient is currently prescribed Triamterene and Atorvastatin. Patient is currently classified as temporarily totally disabled. ODG Hernia Chapter, under Imaging has the following regarding ultrasound: Not recommended except in unusual situations. Imaging techniques such as MRI, CT scan, and ultrasound are unnecessary except in unusual situations. (Treatment Planning) Ultrasound (US) can accurately diagnose groin hernias and this may justify its use in assessment of occult hernias. In experienced hands US is currently the imaging modality of choice when necessary for groin hernias and abdominal wall hernias. Postoperative complications may also be evaluated. Computerized tomography (CT) may have a place, particularly with large complex abdominal wall hernias in the obese patient. These hernias often contain loops of air-filled bowel, which preclude adequate penetration of the sound beam by US. Clinically obvious hernias do not need ultrasound confirmation, but surgeons may request ultrasound for confirmation or exclusion of questionable hernias or for evaluation of the asymptomatic side to detect clinically occult hernias. If positive, this allows bilateral hernia repair at a single operation. In regard to the abdominal ultrasound imaging of this patient's presumed hernia, the request is appropriate. This patient presents with chronic abdominal pain and evidence of a 1.5cm inguinal hernia on examination. The provider is requesting an ultrasound so as to better visualize this hernia, though does not indicate any anticipated corrective procedures. While guidelines generally do not support ultrasound imaging for hernias except in select cases, this patient has not had any imaging of the hernia to date. Given the lack of CT or ultrasound imaging, and this patient's continued abdominal pain secondary to hernia, an ultrasound study could provide better insight into this patient's condition. Therefore, the request is medically necessary.