

<b>Case Number:</b>	CM15-0034811		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	10/12/2012
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: Preventive Medicine, Occupational 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 (IW) is a 35 year old male who sustained an industrial injury on 10/12/2012. He reported pain in his right side after lifting. The injured worker was diagnosed as having abdominal wall myofascial injury. Treatment to date has included MRI of (03/14/2014) that found no evidence of structural irregularities supporting the presence of a right inguinal hernia, that was previously suspected on ultrasound. He is treated with Tramadol for pain and is restricted in lifting no greater than 20 lbs. Currently, the injured worker complains of a pulling sensation or a stretching sensation, which moves a bit and is now felt just inferior and to the right of the umbilicus. Twisting movements and lifting over his head causes pain and discomfort as does lying on is right side. The pain increases with physical exertion. He states he feels a heaviness sensation in his abdomen like a ball inside bouncing up and down if he tries to run. On exam, the abdomen has tenderness in the right lower quadrant, but there is no palpable hernia. A request for authorization is made for an Abdominal Ultrasound, non-invasive.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abdominal Ultrasound, non-invasive:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web) 2014, Hernia, Imaging.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23-26.

**Decision rationale:** MTUS Guidelines have standards of care to justify diagnostic testing and labeling. The requesting physician has meet these standards to adequately justify additional testing of the abdominal area. This individual has a thorough evaluation for an inguinal hernia, but continues to have hernia like symptoms on a long-term basis. The recent evaluation reported increases symptoms toward the umbilicus with the possibility of fullness. The diagnosis is perplexing to the treating physician; however, this individual has returned to work and continues to have discomfort associated with increased abdominal wall strain and pressure. With the current location and a possibility of corresponding fullness, the ultrasound is medically necessary.