

Case Number:	CM15-0041438		
Date Assigned:	03/11/2015	Date of Injury:	11/07/2012
Decision Date:	04/23/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/04/2015

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, Pain Management

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 61-year-old male, with a reported date of injury of 11/07/2012. The diagnoses include status post right inguinal hernia repair surgery, bilateral inguinal hernia pain with possible re-herniation, and long term pain of the testes. Treatments to date have included oral medication. Currently, the injured worker complains of bilateral inguinal pain. The progress report dated 01/14/2015 indicates that the objective findings include a soft abdomen and no abdominal rebound tenderness. The injured worker declined a groin examination. The treating physician requested a computerized tomography (CT) scan of the pelvis to rule out any herniation. The progress report dated January 14, 2015 requests ultrasound, CT, and a general surgery consultation to evaluate the patient's inguinal pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computed Tomography (CT) scan of pelvis: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hernia, Imaging.

Decision rationale: Regarding the request for Computed Tomography (CT) scan of pelvis, California MTUS does not include guidelines for this particular request. ODG states that imaging of hernias is not recommended except in unusual situations. Ultrasound is currently the imaging modality of choice when necessary for growing hernias and abdominal wall hernias. Postoperative complications may also be evaluated. 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 symptomatic side to detect clinically occult hernias. Within the documentation available for review, it is unclear why the patient has declined a physical examination which is usually sufficient to diagnose a recurrent hernia. Additionally, it is unclear why the requesting physician has asked for 3 different methods to evaluate the patient's current symptoms including ultrasound, CT scan, and surgical consultation. ODG states that ultrasound is the imaging modality of choice. As such, the currently requested Computed Tomography (CT) scan of pelvis is not medically necessary.