

Case Number:	CM15-0083875		
Date Assigned:	05/06/2015	Date of Injury:	02/13/2015
Decision Date:	06/04/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/01/2015

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: 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 39-year-old male, who sustained an industrial injury on 02/13/2015. He reported that he was lifting two large fire extinguishers from the floor that were about 40 pounds each with one in each hand when he developed sudden right groin pain. The injured worker was diagnosed as having groin pain and testicular pain. Treatment to date has included medications and modified work duties. According to a progress report dated 02/20/2015, the injured worker continued to have severe pain in the right inguinal region. The provider requested a stat computed tomography scan of the abdomen to rule out an incarcerated right inguinal hernia. Verbal report of the scan was negative for hernia. Scrotal content were normal. Physical therapy was requested. On 03/06/2015, the provider noted that the injured worker had failed to improve with conservative treatment including physical therapy and requested authorization for a general surgeon to evaluate/treat the right inguinal region. On 03/31/2015, the surgeon who recommended conservative treatment for a right inguinal ligament strain saw the injured worker. There was no evidence of a hernia. Currently under review is the request for a CAT scan without contrast of the abdomen/pelvis.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAT scan without contrast of the abdomen/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), Imaging Section.

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

Decision rationale: The requested CAT scan without contrast of the abdomen/pelvis, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Hernia noted that abdominal ultrasound or CT scan is recommended only in unusual clinical situations. The injured worker has groin pain and testicular pain. Treatment to date has included medications and modified work duties. According to a progress report dated 02/20/2015, the injured worker continued to have severe pain in the right inguinal region. The provider requested a stat computed tomography scan of the abdomen to rule out an incarcerated right inguinal hernia. Verbal report of the scan was negative for hernia. There was no evidence of a hernia. The treating physician has not documented sufficient abdominal exam findings to indicate an unusual clinical situation requiring imaging studies. The criteria noted above not having been met, CAT scan without contrast of the abdomen/pelvis is not medically necessary.