

Case Number:	CM14-0191472		
Date Assigned:	11/25/2014	Date of Injury:	01/14/2013
Decision Date:	01/09/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/17/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is 50-year-old male with work related injury with multiple dates of November 16, 2011 through January 21, 2013 and January 14, 2013. The worker had been out of work since November 2012. Per the physician's office visit dated October 22, 2014 the worker was complaining of peri-umbilical abdominal pain, some erectile dysfunction and musculoskeletal pains. The physical exam was unremarkable except for a small bulge just lateral to the right side of the umbilicus, which is palpable but not visualized. The bulge measured approximately one by 1.5 centimeters in diameter and otherwise bowel sounds were positive. Diagnoses at this visit documented status post work-related injury, status post umbilical hernia repair with residual pain, rule out hernia, erectile dysfunction, history of testicular cancer with left partial nephrectomy and psychiatric diagnosis. Treatment plan states "the patient is pending a general surgical consultation for evaluation of his periumbilical pain to rule out any hernia. Ultrasound of the abdomen with a hernia protocol has also been requested and is pending", follow up with urologist for erectile dysfunction and follow up with psychiatrist as needed. Per the utilization review dated October 27, 2014, the request for an abdominal ultrasound was non-certified. The rationale for non-coverage reflected that the documentation showed a palpable bulge in the peri-umbilical region and there was no history of diabetes or thyroid disease. The palpable bulge was lateral to the right side of the umbilicus, with positive bowel sounds. The ultrasound was requested to evaluate any peri-umbilical hernia present. Guidelines state that clinically obvious hernias do not need ultrasound confirmation. Considering the history of abdominal hernia with surgical repair and the positive examination suggestive of a hernia, the medical necessity of the request was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ultrasound of the abdomen: 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), Chapter: Hernia, Ultrasound, diagnostic

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 ultrasound of the abdomen, 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 appears this is an unusual situation. The patient has undergone hernia repair previously, has a history of testicular cancer, and now has findings which may be consistent with a hernia. The differential diagnosis would include metastatic lesions or late complications from the hernia repair. As such, the use of ultrasound to clarify the patient's condition is a reasonable next step in care. Therefore, the currently requested ultrasound of the abdomen is medically necessary.