MAXIMUS Federal Services

Case Number:	CM15-0113890		
Date Assigned:	06/22/2015	Date of Injury:	04/13/2015
Decision Date:	07/21/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/12/2015

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: Texas, Florida, 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:

This 64-year-old male sustained an industrial injury on 4/13/15. He subsequently reported right groin pain. Diagnoses include inguinal hernia and abdominal/ groin pain- multiple sites. Treatments to date include CT and MRI testing, work restrictions and prescription pain medications. The injured worker continues to experience right groin pain. Upon examination, there was tenderness at the proximal end of the inguinal canal and palpable bulging with Valsalva maneuver. A request for Ultrasound of the right groin was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of the right groin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: This claimant was recently injured in April. There has been CT and MRI. There is however, continued right groin pain and some bulging with Valsalva. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding groin ultrasound, the ODG notes in the Hernia section: 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. 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. (Bradley, 2003) In this case, significant imaging studies were already accomplished. The need for a third is not clear. In addition, it is not clear what makes this an "unusual" circumstance. At present, the request is not medically necessary.