

Case Number:	CM15-0117492		
Date Assigned:	06/25/2015	Date of Injury:	04/26/2011
Decision Date:	07/24/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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(n) 49 year old male, who sustained an industrial injury on 4/26/11. He reported burns to his face, trunk and proximal upper extremities related to a chemical reaction causing an explosion. The injured worker was diagnosed as having chemical burns, axonal sensorimotor neuropathy and severe arsenic poisoning. Treatment to date has included psychiatric treatments, home health assistance, occupational therapy, a NCS study on 12/19/13 and eye surgery. As of the PR2 dated 1/16/15, the injured worker reports chronic pain of his hands and feet, as well as visual impairment and impaired ambulation. Objective findings include reduced flexion in the knees and various burn wounds at the neck, forehead and ears. This is the most current progress note from the treating physician. The treating physician requested an abdominal CT.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (Computed Tomography) of the abdomen: 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), Treatment Index, 18th Edition (web), 2013, Treatment in Workers Compensation, Hernia-Imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Inguinal Hernias: Diagnosis and Management Am Fam Physician. 2013 Jun 15; 87(12): 844-848. Hernia. 2012 Feb; 16(1): 59-62. doi: 10.1007/s10029-011-0863-4. Epub 2011 Jul 28. Prevalence of adult paraumbilical hernia. Assessment by high-resolution sonography: a hospital-based study. Bedewi MA1, El-Sharkawy MS, Al Boukai AA, Al-Nakshabandi N.

Decision rationale: In this case, there was concern for a hernia. A referral to a general surgeon was made. Most hernias do not require imaging but an ultrasound is the choice modality for imaging. In this case, the exam findings were not detailed to justify the CT of the abdomen. The request for the CT of the abdomen is not medically necessary.