

Case Number:	CM15-0072553		
Date Assigned:	04/22/2015	Date of Injury:	10/10/2014
Decision Date:	06/10/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/16/2015

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: North Carolina
 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 49 year old female, who sustained an industrial injury on 10/10/14. The injured worker has complaints of left knee pain and left groin pain radiating to the upper left thigh. The documentation noted on examination the injured worker had tenderness at the medial side of the crease of the left groin. The diagnoses have included groin strain, left; hernia, inguinal, left and strain, leg, left and left femoral hernia possible. Treatment to date has included naproxen; omeprazole; warm packs; left inguinal ultrasound that showed at the site of pain in the left groin, there is an oval-shaped echogenicity lesion with internal increased signal consistent with left inguinal hernia containing a small loop of small bowel. The request was for computerized tomography (CT) scan of pelvis.

IMR ISSUES, DECISIONS AND RATIONALES

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

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) , Hip and Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, hernia.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states imaging studies are not generally indicated in the work up and evaluation of hernias except in unusual situations. This included CT, MRI and ultrasound. There is nothing unusual in the clinical picture presented in the documentation for review and therefore the request is not medically necessary.