

Case Number:	CM17-0014944		
Date Assigned:	01/25/2017	Date of Injury:	12/20/2016
Decision Date:	02/16/2017	UR Denial Date:	01/13/2017
Priority:	Standard	Application Received:	01/20/2017

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: New Jersey

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 38 year old male, who sustained an industrial injury on 12-20-16. The injured worker was diagnosed as having left inguinal hernia. As of the PR2 dated 12-27-16, the injured worker reports left lower abdominal pain. The treating physician noted an inguinal hernia, no tenderness or guarding in the abdomen and normal bowel sounds. Treatment to date has included Celebrex, Prednisone and Omeprazole. The Utilization Review dated 1-13-17, non-certified the request for a CT scan of abdomen and pelvis with contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of abdomen and pelvis with contrast: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hernia Chapter, Imaging.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hernia section, Imaging.

Decision rationale: The MTUS Guidelines do not address imaging for hernias. The ODG, however, states that imaging such as MRI, CT scan, and ultrasound are rarely necessary and are generally not recommended as physical examination is typically sufficient to diagnose a hernia. However, if not clinically obvious, ultrasound, which is the imaging modality of choice, may be considered. CT scan is only appropriate in situations where a large complex abdominal hernia is present in an obese patient, where ultrasound use would be too challenging. Surgeons may request ultrasound for confirmation or exclusion of questionable hernias or for evaluation of the asymptomatic side to detect clinically occult hernias. In the case of this worker, this request for CT scan of the abdomen and pelvis was intended to evaluate for hernia. However, there was an inguinal hernia identified on physical examination with no documentation suggesting it was unclear or questionable. Also, there was insufficient support made for CT scan over an ultrasound for evaluating the hernia as there was no mention of this worker having a complex hernia or that they were obese (BMI 27). Therefore, this request for CT scan will be considered not medically necessary.