

Case Number:	CM14-0142418		
Date Assigned:	09/10/2014	Date of Injury:	02/02/2012
Decision Date:	10/06/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/03/2014

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; and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 39-year old male who sustained a work injury on 2-2-1 while performing his duties a meat cutter. He reported that due to constant and repetitive carrying and lifting heavy boxes and being exposed to low degree of temperature, he developed pain in his neck, low back, hands and shoulders. 6-21-14 scrotal ultrasound showed small bilateral hydroceles. Otherwise normal scrotal ultrasound. Office visit on 7-1-14 notes the claimant reports pain. He had hernia surgery on right inguinal area two years ago. Postop, the claimant reports Allodynia with pain in the flank area and right groin. On exam, here are no changes. The last injection did not help. Assessment included neuropathy secondary to entrapment scar. The claimant has been treated with trigger point injections, ilioinguinal nerve injections, epidurals and medications. The claimant also underwent implant of a right ilioinguinal peripheral nerve stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

General surgical consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7 Consultations

Decision rationale: ACOEM Guidelines as approved by CA Chapter 7 Independent Medical Examinations and Consultations. Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. There is an absence in the records provided noting that this claimant has a recurrent hernia or a diagnosis that would require the evaluation by a general surgeon. The claimant has allodynia with pain in the flank area and right groin. Assessment includes neuropathy secondary to entrapment scar. Based on the records provided, this claimant does not have a condition for which a general surgeon would be of benefit. He does not have a surgical lesion or recurrent herniation. Therefore, the General surgical consultation is not medically necessary.