MAXIMUS Federal Services

Case Number:	CM13-0001007		
Date Assigned:	04/11/2014	Date of Injury:	11/16/2010
Decision Date:	05/28/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/08/2013

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 Internal Medicine and is licensed to practice in California. 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:

The patient is an employee of [redacted] and has submitted a claim for right shoulder impingment, cervical/lumbar sprain/strain, and right knee medial meniscus tear associated with an industrial injury date of 11/16/2010. Treatment to date has included arthroscopic subtotal medial meniscectomy and partial lateral meniscectomy of the right knee on 09/27/2013, physical therapy, and medications including Naprosyn, Prilosec, Norco, and topical ketoprofen/gabapentin/tramadol. Utilization review from 07/02/2013 denied the request for abdominal ultrasound because there was no documented indication necessitating the procedure. Medical records from 2013 were reviewed with the most recent progress report dated 12/17/2013 stating that patient complains of neck pain graded 3/10, right shoulder pain graded 4/10, and right knee pain graded 7/10. Physical examination showed limited right shoulder flexion at 150 degrees, abduction at 140 degrees, internal rotation at 50 degrees and external rotation at 60 degrees. JAMAR hand grip revealed 65/60/55 for the right compared to 80/80/82 for the left hand. There was Grade 2 synovitis at right knee with limited flexion-extension at 105 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN ABDOMINAL ULTRASOUND: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound Therapeutic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR-SPR-SRU Practice Guideline for Performing and Interpreting Diagnostic Ultrasound Examinations.

Decision rationale: CA MTUS does not address this issue. As stated in ACR-SPR-SRU Practice Guidelines, there should be documentation regarding signs, symptoms, and relevant history (including known diagnoses) that will satisfy the medical necessity of the procedure. In this case, medical records submitted and reviewed did not indicate any gastrointestinal complaints or abdominal physical examination findings compelling the need for ultrasound. There is no documented medical reasoning for this request. The guideline criteria has not been met. Therefore, the request for abdominal ultrasound is not medically necessary.