

<b>Case Number:</b>	CM13-0016862		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	04/23/2002
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	07/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 New York. 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 a 60 year old female with a date of injury on 04/23/2002. She had repetitive injury of the right knee. On 04/27/2002 she had right knee x-rays and was sent for physical therapy. She stopped working because of right knee pain. She had right knee surgery on 10/02/2002 and on 04/28/2005. She had left knee surgery on 04/15/2008. In 2012 she went through a divorce. On 09/19/2012 she was 5'6" tall and weighed 195 pounds. In 1990 she had ovarian cancer treatment with surgery and chemotherapy. She also had a cholecystectomy. On 09/16/2013 she had a normal stress test. On 10/03/2013 the abdomen was soft and not tender. She had normal bowel sounds. Hb was 13.6. Electrolytes, BUN and creatinine were normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THE REQUEST FOR AN ABDOMINAL ULTRASOUND:** 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 Harrison's Principles of Internal Medicine, 18th Edition. 2011

**Decision rationale:** There are no MTUS, ACOEM or ODG guidelines that mention an abdominal ultrasound for knee complaints and there are no guidelines that mention the criteria for an ultrasound. The AP noted that the patient may have GERD or gastritis. There was no history of when there was abdominal pain, the location of the pain and if the symptoms were related to food intake. There was no mention of whether or not there were heme positive stools. She was not anemic. There is insufficient documentation to substantiate the medical necessity of an abdominal ultrasound at this time and there is no documented relationship between any GI symptom and an injury sustained in 2002.