

<b>Case Number:</b>	CM13-0021175		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/18/2011
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology 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 physician 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 49-year-old female who reported an injury on 05/18/2011. The patient was seen by [REDACTED] on 09/03/2013. The patient is status post robotic sacrocolpopexy and transobturator with Prolene tape sling in June 2013. Physical examination revealed well healed incision in the abdominal wall, no evidence of hernia, erythema, discharge or other abnormalities. Treatment recommendations included a follow-up with a primary care physician for complaints of pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for Abdominal ultrasound, QTY 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hernia Chapter, Ultrasound and U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Last updated: 31 October 2013.

**Decision rationale:** An abdominal ultrasound is a type of imaging test that is used to examine organs in the abdomen including the liver, gallbladder, spleen, pancreas and kidneys. It is performed to find the cause of abdominal pain, find the cause of kidney infections, diagnose a hernia, diagnose and monitor tumors and cancers, diagnose or treat ascites, learn why there is swelling of an abdominal organ, look for damage after an injury, look for stones in the gallbladder or kidney, and look for the cause of abnormal blood tests and fever. As per the clinical notes submitted, there were not detailed objective physical examination findings that were listed for the abdominal area that would support the need for an abdominal ultrasound study. There was no mention of abnormal blood tests, ascites, kidney infection, hernia, or tumors and cancer. There was mention of the need to obtain the abdominal ultrasound for kidney stones; however, it was noted that the patient had already passed 2 kidney stones and was being treated for a urinary tract infection. The medical necessity for the requested procedure has not been established. As such, the request is non-certified.