

Case Number:	CM13-0046998		
Date Assigned:	12/27/2013	Date of Injury:	11/28/2005
Decision Date:	02/20/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/31/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 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:

A utilization review determination was made on October 15, 2013. The peer reviewer had attempted to contact the orthopedics authors to clarify the medical necessity of abdominal ultrasound. The reviewer was informed that this request must have come from a different provider as the orthopedist does not ordinarily requests this type of study. The utilization reviewer then attempted to contact the injured worker's internist. No return phone call was made before the review deadline. In the UR determination that was conducted previously, the reviewer noncertified the abdominal ultrasound on the basis of lack of documented medical necessity. It is noted that the physical examination including the abdominal examination was unremarkable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of abdomen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound Section Page(s): 123.

Decision rationale: With regard to the request for ultrasound of the abdomen, the submitted documentation does not contain any rationale for ultrasound. It is unclear whether the ultrasound

is for diagnostic or therapeutic purposes. All of the submitted medical documentation were reviewed, and there is documentation of chronic low back pain, chronic knee pain, history of partial meniscectomy, poor sleep, tear of the anterior talofibular ligament on the right, and post-traumatic knee osteoarthritis. There does not appear to be any documentation of abdominal complaints. If this is a request for therapeutic ultrasound, the Chronic Pain Medical Treatment Medical Guidelines state "Ultrasound, therapeutic: Not recommended. Therapeutic ultrasound is one of the most widely and frequently used electrophysical agents. Despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. (Robertson, 2001)" Since there is a lack of objective clinical findings or rationale for the medical necessity of the ultrasound for the abdomen, this request is recommended for noncertification