

Case Number:	CM13-0056018		
Date Assigned:	12/30/2013	Date of Injury:	12/11/1998
Decision Date:	03/19/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/21/2013

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 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:

This is a 55-year-old, right hand dominant male, status post injury on 12/11/98, mechanism of injury due to lifting a heavy tree. The diagnoses include abdominal pain, constipation, gastroesophageal reflux disease (GERD), hyperlipidemia, hemorrhoids, hypertension (diagnosed 2010), sleep disorder, history of lumbar spine discectomy (1999 and 2003), and history of left kidney removal. The treatment received has included acupuncture, aquatic and physical therapy, epidural steroid injections, antidepressants, narcotics, and atenolol. The patient denies any history of hypertension prior to his injury, and blood tests, and an EKG and 2D echocardiogram with Doppler were requested to further evaluation the patient. In reviewing the medical report (8/21/13, Progress Report, [REDACTED]), it is indicated that the patient reported abdominal pain, acid reflux, nausea, constipation, bright red blood per rectum, and hemorrhoids. A physical examination revealed abdominal tenderness. The patient may suffer from gastropathy secondary to narcotic usage, and stress.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Hernia-Imaging; Harrison's Principles of Internal

Medicine, 14th edition, Disorders of the Cardiovascular System: Electrocardiography, pages 850-859; and Disorders of the Cardiovascul

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation About ultrasound of the abdomen (<http://www.nlm.nih.gov/medlineplus/ency/article/003777.htm>)

Decision rationale: The medical records from [REDACTED] on 8/21/2013 do not give any specific reason to support an ultrasound of the abdomen. The physical exam indicated 1+ abdominal pain, but does not describe any specific location of the abdomen. An ultrasound of the abdomen is indicated for specific reasons such as abnormal liver function tests, suspicion of the liver and/or gallbladder pathology, pancreas disorder, kidney disorder and/or an internal abdominal disorder, such as intra-abdominal abscesses. An abdominal ultrasound is also good way to detect a hernia. The physical exam provided was essentially normal, and is not supportive to any of the above disease, but likely from constipation. Therefore the ultrasound of the abdomen is not indicated.