

<b>Case Number:</b>	CM13-0063280		
<b>Date Assigned:</b>	05/21/2014	<b>Date of Injury:</b>	08/15/2013
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Orthopedic Surgery, 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 injured worker is a 48-year-old injured on August 15, 2013. The mechanism of injury is documented as lifting. A diagnosis of nonspecific abdominal pain (79.0) is noted. Treatment to date has included physical therapy. At one point the injured worker requested no more electrical stimulation intervention. Also noted is a lumbar sprain. Subsequent evaluation noted left inguinal pain. A September 30, 2013 abdominal examination noted a CT scan of the abdomen was completed and no specific pathology identified. Left lower quadrant pain is noted with no distinct hernia identified. A chiropractic evaluation suggested joint therapy and soft tissue release. An additional evaluation noted the injured worker able to move about the examination table without difficulty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 American College of Occupational and Environmental Medicine (ACOEM), current edition, hip and groin disorders, diagnostic modalities accessed electronically.

**Decision rationale:** The records reflect a lifting event as a mechanism of injury. Physical examination findings did not identify an inguinal hernia. Subsequent examinations noted various locations of pain a CT scan also did not identify any specific issue with the abdominal musculature. Therefore, there is insufficient clinical evidence presented to suggest the need for an abdominal ultrasound. Additionally, the American College of Occupational and Environmental Medicine (ACOEM), does not indicate that ultrasound as an option as a diagnostic evaluation and management lower abdominal strains. The request for abdominal ultrasound is not medically necessary or appropriate.