

Case Number:	CM14-0004811		
Date Assigned:	01/24/2014	Date of Injury:	02/28/2011
Decision Date:	10/03/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/13/2014

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 Mississippi. 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 33-year-old female who was injured on February 28, 2011. Of the 202 pages provided for this independent medical review, the only clinical progress note that addresses the topic of abdominal pain is dated November 4, 2013. This document provides a diagnosis of Gastropathy secondary to medications due to pain. No comment is made with regards to the abdominal ultrasound and an abdominal examination was not performed. The utilization review in question was rendered on December 10, 2013. The reviewer noncertified the request for an abdominal ultrasound. The reviewer noncertified the request citing insufficient information and indicate that only one clinical note was provided and that the claimant had complaints of abdominal pain, but previous treatment was not outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND OF THE ABDOMEN: 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 Official Disability Guidelines (ODG) Hernia, Imaging

Decision rationale: There is insufficient documentation provided to support this request. Specifically, the clinical notes provided do not indicate why the ultrasound is being ordered. This could be for a variety of different issues including stomach pain, evaluation of a hernia, or concern for an aortic aneurysm. Given the lack of information provided, the guidelines could not appropriately be applied, but the Official Disability Guidelines does address the topic of abdominal ultrasounds as an imaging option for hernias. With additional clinical information, the guidelines could more properly be utilized. Therefore, the request for ultrasound of the abdomen is not medically necessary and appropriate.