

Case Number:	CM14-0014324		
Date Assigned:	02/26/2014	Date of Injury:	10/02/2001
Decision Date:	08/07/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/04/2014

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 Occupational 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 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 patient is a 66-year-old male who has submitted a claim for constipation secondary to medication, insulin dependent diabetes mellitus aggravated by industrial injury, obstructive sleep apnea, and paresthesia of the bilateral lower extremities rule out diabetic retinopathy associated with an industrial injury date of October 2, 2011. Medical records from 2005-2013 were reviewed. The most recent documentation was dated May 2013. The patient complained of constipation going to three to four days without a bowel movement despite taking a stool softener. He uses milk of magnesia which results in two days of diarrhea and then goes back to being constipated. The patient also used a homeopathic medication as needed five times a week for upper gastrointestinal symptoms but it does not go away. He has heartburn but no reflux. Spicy, acid containing foods, and caffeine bothers his stomach. The patient also has loss of vision. He had bilateral cataract operations and some laser surgeries on his eyes. Patient's past medical history was remarkable for central retinal vein occlusion. Patient is using insulin and oral medication for diabetes. Physical examination showed soft abdomen with normoactive bowel sounds. Blood glucose on May 10, 2013 was 229mg/dL, non-fasting. Abdominal ultrasound, dated August 22, 2009, revealed cholelithiasis without biliary dilatation, small solitary cyst in the right upper pole of the kidney and there are at least three cysts in the left kidney, and pancreas is largely obscured by bowel gas. Treatment to date has included medications, physical therapy, physiotherapy, chiropractic therapy, home exercise program, activity modification, left knee surgeries, lumbar epidural steroid injection, left knee cortisone injections, and bilateral cataract operations and laser surgeries on the eyes. Utilization review, dated January 21, 2014, denied the request for 1 abdominal ultrasound because there were no examination findings or subjective complaints that would indicate use of it at that time. The request for 1 ophthalmology consultation was also denied because there was no form of treatment directly for the eye,

treatment was directed at the diabetes symptomatology, and the patient does not appear to present with conditions that would warrant a consultation.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Jung AJ, Yee J, Rosen MP, Blake MA, Baker ME, Case BD, Fidler JL, Greene FL, Hindman NM, Jones B, Katz DS, Lalani T, Miller FH, Small WC, Sudakoff GS, Tulchinsky M, Yaghmai V, Expert Panel on Gastrointestinal Imaging. ACR Appropriateness Criteria palpable abdominal mass [online publication] Reston (VA): American College of Radiology (ACR); 2011, 4p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin, Abdominal Ultrasound (<http://aetna-health.healthline.com/smartsourc/healthwisecontent/medicaltest/hw1430>).

Decision rationale: CA MTUS and ODG do not specifically address the topic on abdominal ultrasound. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Aetna Clinical Policy Bulletin was used instead. Guidelines state that abdominal ultrasound is used to find the cause of abdominal pain. It is used in evaluating aneurysm in the aorta; liver masses, cirrhosis, fatty liver or abnormal liver function tests; gallstones, cholecystitis, or blocked bile ducts; enlarged spleen; pancreatic tumor; kidney masses and kidney stones. In this case, the patient has constipation and heartburn since 2008. He takes milk of magnesia which results in two days of diarrhea and then goes back to being constipated. Abdominal ultrasound dated August 22, 2009 revealed cholelithiasis without biliary dilatation. The rationale for the present request was not provided from the medical records submitted. In the most recent clinical evaluation, there is no objective finding that warrants further investigation with the use of abdominal ultrasound. Moreover, constipation and heartburn are not indications for abdominal ultrasound as stated by the guidelines above. The medical necessity of an abdominal ultrasound was not established at this time. Furthermore, the most recent progress report was dated May 2013. The current clinical and functional status of the patient is unknown. Therefore, the request for an ABDOMINAL ULTRASOUND is not medically necessary.

OPHTHALMOLOGY CONSULTATION: 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), Eye.

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), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, the patient has been having vision problems since December 2012. An ophthalmologist consultation was being requested on a progress report dated February 18, 2013 because of his bilateral eye complaints such as redness, blurry vision, and eye pain. There is a compelling indication for specialist consultation for further evaluation and management. However, previous utilization review (undated) has already certified a re-evaluation with an ophthalmologist. In addition, a progress report (undated) stated that the patient remains under the care of an ophthalmologist for laser treatment for retinal detachment and retinal bleeding. Furthermore, the most recent progress report was dated May 2013. The current clinical and functional status of the patient is unknown. Therefore, the request for OPHTHAMOLOGY CONSULTATION is not medically necessary.