

Case Number:	CM14-0131130		
Date Assigned:	08/20/2014	Date of Injury:	04/01/2008
Decision Date:	10/03/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/15/2014

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 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 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 59 year old female who was injured on 04/01/2008. The mechanism of injury is unknown. Prior medication history included Norco, omeprazole, metformin, Enalapril, Actos, and Ultram. Internal Medicine note dated 07/29/2014 indicates the patient presented with complaints of a sour taste in her mouth. She occasionally has dysphagia for solid foods. She is a diabetic and has been on Naprosyn for nearly 2 years. She does not report any weight loss. On exam, there is no adenopathy or thyromegaly. She has tenderness in the mid-epigastric region of the abdomen. There is no rebound or rigidity. She is diagnosed with gastropathy secondary to anti-inflammatory medication use; dysphagia for solid foods; history of diabetes mellitus and history of hypertension. The patient was given Dexilant 60 mg and omeprazole was discontinued as it has not been beneficial to her. An abdominal ultrasound is ordered to further assess. Prior utilization review dated 08/11/2014 states the request for Ultrasound of the abdomen is denied as the medical necessity has not been established.

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 Other Medical Treatment Guideline or Medical Evidence:
<http://www.aium.org/resources/guidelines/abdominal.pdf>

Decision rationale: The referenced guidelines recommend abdominal ultrasound to evaluate for conditions such as cirrhosis, aortic aneurysm, intra-abdominal fluid, or several other conditions which can be evaluated by ultrasound technique. The clinical documentation states the patient has epigastric pain and a sour taste in her mouth. This is generally not an indication for ultrasound. It is unclear from the documentation provided what specific diagnosis is being evaluated for by the ultrasound. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.