MAXIMUS Federal Services

Case Number:	CM14-0163341		
Date Assigned:	10/08/2014	Date of Injury:	05/10/2008
Decision Date:	11/19/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/03/2014

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 Preventive 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:

According to the records made available for review, this is a 45-year-old male with a 5/10/08 date of injury. At the time (7/28/14) of request for authorization for abdominal ultrasound, there is documentation of subjective (improved abdominal pain and epigastric pain secondary to stopping NSAID therapy) and objective (gastrointestinal exam is within normal limits) findings, current diagnoses (gastroesophageal reflux disease/gastritis), and treatment to date (medications (including Prilosec and Tramadol)). There is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an abdominal ultrasound is indicated (Identify cause of abdominal pain).

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 A.D.A.M. MEDICAL ENCYCLOPEDIA

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hernia, ultrasound, diagnostic and imaging Other Medical Treatment Guideline or Medical Evidence: (http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004236/)

Decision rationale: MTUS does not address this issue. ODG identifies documentation of unusual situations, the need to accurately diagnose groin hernias, or for assessment of occult hernias, as criteria necessary to support the medical necessity of abdominal imaging. Medical Treatment Guideline identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an abdominal ultrasound is indicated (such as: Identify cause of abdominal pain; Find the cause of kidney infections; Diagnose a hernia; Diagnose and monitor tumors and cancers; Diagnose or treat ascites; investigate swelling of an abdominal organ; Evaluate for damage after an injury; Evaluate for stones in the gallbladder or kidney; Identify the cause of abnormal blood tests such as liver function tests or kidney tests; and to identify the cause of a fever), as criteria necessary to support the medical necessity of abdominal ultrasound. Within the medical information available for review, there is documentation of a diagnosis of gastroesophageal reflux disease/gastritis. However, given documentation of subjective (improved abdominal pain and epigastric pain secondary to stopping NSAID therapy) and objective (gastrointestinal exam is within normal limits) findings, there is no documentation of a condition/diagnosis (with supportive subjective/ objective findings) for which an abdominal ultrasound is indicated (Identify cause of abdominal pain). Therefore, based on guidelines and a review of the evidence, the request for Abdominal Ultrasound is not medically necessary.