

Case Number:	CM14-0169837		
Date Assigned:	10/20/2014	Date of Injury:	08/19/2012
Decision Date:	11/20/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/14/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 44-year-old female with an 8/19/12 date of injury. At the time (7/1/14) of the request for authorization for complete ultrasound of the abdomen, there is documentation of subjective (pain on both sides of her abdomen) and objective (abdomen is obese, tender on both sides but less pain in the epigastrium) findings, current diagnoses (gastritis/gastroesophageal reflux disease, irritable bowel syndrome, weight gain, and obesity aggravated), and treatment to date (medication). Medical reports identify abdominal ultrasound is requested to rule out gallstones and ventral hernia. There is no documentation of an unusual situation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete ultrasound of the abdomen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov

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: MTUS does not address the issue. ODG identifies documentation of unusual situations, as criteria necessary to support the medical necessity of imaging for hernias. Within

the medical information available for review, there is documentation of diagnoses of gastritis/gastroesophageal reflux disease, irritable bowel syndrome, weight gain, and obesity aggravated. However, there is no documentation of an unusual situation. Therefore, based on guidelines and a review of the evidence, the request for complete ultrasound of the abdomen is not medically necessary.