

Case Number:	CM14-0170115		
Date Assigned:	10/20/2014	Date of Injury:	07/21/2008
Decision Date:	11/26/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/15/2014

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 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:

Patient is a 46 year-old male with date of injury 07/21/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/27/2014, lists subjective complaints as pain over the right upper thigh. Objective findings: Examination of the abdomen revealed it to be soft, non-tender, non-distended, no masses palpable, no hepatosplenomegaly, and normal bowel sounds present. There was mild to moderate tenderness over the right upper thigh, no swelling or erythema. There was a small nodule there, 2mm, and not very tender. Lower extremity strength and sensation were intact. Diagnosis: 1. Thrombocytopenia 2. Coagulopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of Abdomen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Services Commission. Abnormal liver chemistry- evaluation and interpretation. Victoria (BC) British Columbia Medical Services Commission:100 Aug 1, 5p(14 references)

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: American College of Radiology; Diagnostic Radiology: Ultrasonography Practice

Parameters and Technical Standards; Performance of an Ultrasound Examination of the Abdomen and/or Retroperitoneum; Resolution 39, Amended 2014

Decision rationale: The MTUS and the Official Disability Guidelines are silent on this issue. Referencing the American College of Radiology Practice Parameters and Technical Standards, among the thirteen primary indications for abdominal ultrasound, the indication most closely associated with the patient's problem states that an ultrasound should be ordered for abnormal laboratory values or abnormal findings on other imaging examinations suggestive of abdominal and/or retroperitoneal pathology. There is no documentation of laboratory studies or other imaging examinations indicative of abdominal pathology. Ultrasound of Abdomen is not medically necessary.