

Case Number:	CM14-0028128		
Date Assigned:	06/13/2014	Date of Injury:	07/24/2012
Decision Date:	07/16/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/05/2014

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 Family Medicine and is licensed to practice in Arizona. 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 51 year old female with a date of injury on 7/24/2012. Diagnoses include neck pain and headache syndrome, and diabetes and hypertension. Subjective complaints are for follow up for cervical, thoracic, and lumbar spine pain, diabetes, and hypertension. It was noted that patient was not taking the diabetic or hypertensive medications on a regular basis. Physical exam showed blood pressure of 140/90, with normal cardiopulmonary and abdominal exam. No renal bruits were noted. Laboratory results include creatinine clearance of 136 mg/dl, and proteinuria at 120 mg. Comprehensive blood panel was noted to be within normal limits, blood sugar was 126, and HbA1c was 8.6. Submitted documentation does not indicate any present or past renal failure or renal anatomic pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

KIDNEY ULTRASOUND: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "The current role of contrast-enhanced ultrasound imaging in the evaluation of renal pathology" from the World Journal of Urology.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN INSTITUTE OF ULTRASOUND IN MEDICINE: AIUM PRACTICE GUIDELINE FOR THE PERFORMANCE OF

ULTRASOUND EXAMINATION IN THE PRACTICE OF UROLOGY. JOURNAL OF ULTRASOUND IN MEDICINE 2012;1(1):133-44.

Decision rationale: CA MTUS and the ODG are silent on renal ultrasound, therefore other peer-reviewed guidelines were used. Guidelines indicate that for renal failure, renal ultrasound is recommended to evaluate between reversible acute renal failure, chronic renal failure and end-stage chronic renal disease. This patient did not have laboratory evidence of renal failure, or any objective or subjective findings that indicate progressive renal pathology. Therefore, the medical necessity of a renal ultrasound is not established.

FOLLOW UP VISIT: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) CHAPTER 7, page(s) 127, and the Official Disability Guidelines (ODG), Pain Chapter, Office Visits.

Decision rationale: ACOEM guidelines indicated that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. The ODG recommends office visits if they are determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. For this patient, since renal ultrasound is not medically necessary, the associated follow-up visit would also not be necessary. Therefore, the medical necessity of a follow-up visit is not established.