MAXIMUS Federal Services

Case Number:	CM14-0045278		
Date Assigned:	06/27/2014	Date of Injury:	02/12/2010
Decision Date:	07/28/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/01/2014

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 59-year-old male with a 2/12/10 date of injury. At the time decision for Abdominal Ultrasound for symptoms related to a left knee and lumbar spine injury as an outpatient, there is documentation of subjective (abdominal pain in left upper quadrant mostly after eating meals, constipation, and diarrhea) and objective (1+ left upper quadrant tenderness noted, no voluntary guarding, abdomen soft, and non-distended) findings, current diagnoses (abdominal pain and constipation/diarrhea: rule out irritable bowel syndrome), and treatment to date (medications (including Colace and Probiotics). Medical report identifies that an abdominal ultrasound was performed on 2/19/14. There is no documentation of a diagnosis/condition for which a repeat study is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abdominal Ultrasound for symptoms related to a left knee and lumbar spine injury as an outpatient: 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) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

Decision rationale: MTUS does not address this issue. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of repeat imaging. Within the medical information available for review, there is documentation of diagnoses of abdominal pain and constipation/diarrhea: rule out irritable bowel syndrome. However, despite documentation of subjective (abdominal pain in left upper quadrant mostly after eating meals, constipation, and diarrhea) and objective (1+ left upper quadrant tenderness noted, no voluntary guarding, abdomen soft, and non-distended) findings and given documentation of a previous abdominal ultrasound, there is no documentation of a diagnosis/condition for which a repeat study is indicated (to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment, to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for Abdominal Ultrasound for symptoms related to a left knee and lumbar spine injury as an outpatient is not medically necessary.