

Case Number:	CM14-0050325		
Date Assigned:	06/25/2014	Date of Injury:	07/01/2012
Decision Date:	07/25/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/25/2014

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 Medicine and is licensed to practice in California and Nevada. 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 injured worker is a 49 year old female injured on 7/01/12 who presented with abdominal pain. A Clinical note dated 06/18/14 indicated the injured worker undergoing right knee arthroplasty on 08/12/13. Subsequent to the surgery the injured worker underwent physical therapy and medications. The injured worker stated the right knee was doing well. The injured worker utilized Norco, analgesics, and Voltaren gel and Xanax. A clinical note dated 03/26/14 indicated the injured worker demonstrating 0-130 degrees of range of motion at the right knee with no joint line tenderness. Provocative findings resulted in essentially negative findings. CT scan of the chest dated 11/25/13 indicated no etiology for complaints of shortness of breath. Poorly defined 1.2cm lesion was identified at the right lobe of the liver. The utilization review dated 03/31/14 resulted in denials for MRI of the liver, CT scan of the abdomen, and pulmonary medicine consult as no information was submitted regarding any significant findings indicating the need for MRI of the abdomen MRI of the liver, CT of the abdomen, or pulmonary workup.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computed Tomography (CT) scan of the abdomen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Hernia Chapter, Imaging.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hernia Chapter, Imaging.

Decision rationale: The clinical documentation indicates the injured worker undergoing right knee arthroplasty. No information was submitted regarding need clinical information assembled regarding any clinical findings indicating the need for CT scan of the abdomen. Without the necessary clinical findings indicating the need for imaging studies of the abdomen this request is not indicated as medically necessary.

Magnetic Resonance Imaging (MRI) of liver: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Hernia Chapter, Imaging.

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: 1.) Sriyesh Krishnan1 & Elizabeth M Hecht. Update on liver MRI at 3T. Imaging in Medicine. February 2011, Vol. 3, No. 1, Pages 51-65 , DOI 10.2217/iim.10.71. 2.) Jeong Hee Yoon, Jeong Min Lee, Mi Hye Yu, Eun Ju Kim, Joon Koo Han, Byung Ihn Choi. Abdominal Imaging. August 2014, Volume 39, Issue 4, pp 711-721. High-resolution T1-weighted gradient echo imaging for liver MRI using parallel imaging at high-acceleration factors.

Decision rationale: There is an indication from previous CT scan regarding a small lesion on the liver. However, addition studies were not submitted confirming the need for imaging studies as no lab results were submitted for review. Therefore, it is unclear if the injured worker would benefit from additional studies at this time. The request is not medically necessary.

Pulmonary Medicine Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

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) IME and Consultations, Page 163.

Decision rationale: The request for pulmonary medicine consultation is not recommended as medically necessary. There is an indication the injured worker had an episode of shortness of breath. However, no information was submitted regarding ongoing findings of the pulmonary system. Therefore, the request is not indicated as medically necessary.