

Case Number:	CM14-0062307		
Date Assigned:	07/11/2014	Date of Injury:	04/23/2011
Decision Date:	08/21/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/05/2014

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 Internal 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:

This is a 32-year-old male who sustained injury on 04/23/2011 while he was lifting a barrel of beer when he felt a pull in his lower abdomen in the right groin area. The patient underwent right inguinal herniorrhaphy on 06/29/2013. An initial internal evaluation dated 01/13/2014 indicates that in June 2011, he consulted with a private doctor who ordered an ultrasound because he suspected kidney stones which came back negative for kidney stones. A progress report dated 03/17/2014 was handwritten and mostly illegible. It was noted that patient is taking blood pressure medications regularly, cannot sleep because of stress from work injuries. Objective findings: BP 151/100, P 92, Weight: 207 lbs, increased 17 lbs. Lab 2/21/2014 Chem panel - WNL except cholesterol 219, VLDL 150.2, HDL 22. Rest is illegible. A UR dated 04/03/2014 indicates the request for renal ultrasound was denied since there was insufficient information upon which to base a cogent determination of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Renal Ultrasound: 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), Hernia, Imaging.

Decision rationale: Renal Ultrasound is useful to evaluate for the etiology of renal dysfunction, secondary causes of hypertension, hydronephrosis, or evaluation of renal stones. The patient previously had a renal ultrasound, which did not have significant clinical findings. The indication for repeat renal ultrasound is not clear from the documents provided. Some of the documents were handwritten and illegible. Based on the clinical information provided the indication for renal ultrasound is not established and thus, not medically necessary.