

Case Number:	CM14-0069289		
Date Assigned:	07/14/2014	Date of Injury:	07/13/1998
Decision Date:	09/16/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 male patient with the date of injury of July 13, 1998. A Utilization Review was performed on April 16, 2014 and recommended non-certification of ultrasound liver and bone density. An Undated Supplemental Follow-Up Report identifies Comments of still has a "gurgling sound" in his throat. The right foot injury has no relief with Ultram. Diagnoses identify right foot injury. Plan identifies bone density since he has been on a PPI and US of liver.

IMR ISSUES, DECISIONS AND RATIONALES

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

Liver Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.medscape.com/viewarticle/722415_2.

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:
http://www.acr.org/SecondaryMainMenuCategories/quality_safety/guidelines/us/us_abdomen_retro.aspx.

Decision rationale: Regarding the request for liver ultrasound, the MTUS and ODG do not address the issue. ACR Practice Guidelines for the performance of an ultrasound examination of

the abdomen and/or retroperitoneum identifies that the indications for ultrasound examination of the abdomen and/or retroperitoneum, include, but are not limited to: abdominal, flank, and/or back pain; signs or symptoms that may be referred from the abdominal and/or retroperitoneal regions such as jaundice or hematuria; palpable abnormalities such as abdominal mass or organomegaly; abnormal laboratory values or abnormal findings on other imaging examinations suggestive of abdominal and/or retroperitoneal pathology; follow-up of known or suspected abnormalities in the abdomen and/or retroperitoneum; search of metastatic disease or occult primary neoplasm; evaluation of suspected congenital abnormalities; abdominal trauma; pretransplantation and post-transplantation evaluation; planning and guidance for an invasive procedure; search for the presence of free or loculated peritoneal and/or retroperitoneal fluid. Within the information available for review, there is no diagnosis or condition for which ultrasound of the liver would be indicated. In the absence of such documentation, the currently requested liver ultrasound is not medically necessary.

Bone Density: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Osteoporosis (Primary). Author: Srinivas R Nalamachu, MD, Department of Internal Medicine, Mid America Psychiatrists.

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:
http://www.ngc.gov/summary/summary.aspx?doc_id=13190&nbr=006738&string=bone+AND+mineral+AND+density+AND+guidelines.

Decision rationale: Regarding the request for liver ultrasound, the MTUS and ODG do not address the issue. ACR Practice Guidelines for the performance of an ultrasound examination of the abdomen and/or retroperitoneum identifies that the indications for ultrasound examination of the abdomen and/or retroperitoneum, include, but are not limited to: abdominal, flank, and/or back pain; signs or symptoms that may be referred from the abdominal and/or retroperitoneal regions such as jaundice or hematuria; palpable abnormalities such as abdominal mass or organomegaly; abnormal laboratory values or abnormal findings on other imaging examinations suggestive of abdominal and/or retroperitoneal pathology; follow-up of known or suspected abnormalities in the abdomen and/or retroperitoneum; search of metastatic disease or occult primary neoplasm; evaluation of suspected congenital abnormalities; abdominal trauma; pretransplantation and post-transplantation evaluation; planning and guidance for an invasive procedure; search for the presence of free or loculated peritoneal and/or retroperitoneal fluid. Within the information available for review, there is no diagnosis or condition for which ultrasound of the liver would be indicated. In the absence of such documentation, the currently requested liver ultrasound is not medically necessary.