

Case Number:	CM14-0077912		
Date Assigned:	07/18/2014	Date of Injury:	09/09/2010
Decision Date:	09/17/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/27/2014

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 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:

The injured worker is a 38-year-old male with a reported date of injury on 09/09/2010. The mechanism of injury is due to a slip and fall on a wet floor. His diagnoses were noted to include subacute traumatic moderate repetitive cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, bilateral shoulders sprain/strain, right wrist sprain/strain, right knee sprain/strain, right ankle sprain/strain, and anxiety. His previous treatments were noted to include medications. The progress note dated 07/07/2014 revealed the injured worker complained of left leg/knee pain rated 8/10 to 9/10. The physical examination was illegible. The request for authorization form was not submitted within the clinical records. The request was for a kidney ultrasound; however, the provider's rationale was not submitted within the medical records.

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 www.urologyclinic.com/html/renal_ultrasound.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, ultrasound.

Decision rationale: The request for a kidney ultrasound is not medically necessary. The injured worker complains of leg and knee pain. The Official Disability Guidelines do not recommend ultrasound for the diagnosis of low back conditions. In uncomplicated low back pain its use would be experimental at best. Published peer-reviewed literature supports use of diagnostic ultrasound in the evaluation of patients with back pain of radicular symptoms. There is a lack of documentation regarding the medical necessity of a kidney ultrasound; the physical examination was illegible and it was not mentioned in the treatment or assessment plan. Therefore, the request is not medically necessary.