

Case Number:	CM14-0147168		
Date Assigned:	09/15/2014	Date of Injury:	05/09/2006
Decision Date:	01/23/2015	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/10/2014

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 54 year old female with an injury date of 05/09/06. Per the 07/28/14 progress report the patient presents with extreme neck pain causing headaches. Pain radiates down the lumbar spine and there is extreme weakness in the bilateral arms and legs. The patient also presents with constipation. The patient ambulates with a 4 point walker with wheels. Examination reveals severe tenderness through the lumbar paravertebrals worse at L4-L5 and L5-S1. Examination of the bilateral knees shows swelling on the medial and lateral joint lines with severe tenderness on palpation bilaterally on the medial joint line. She has valgus deformity of the knees with positive crepitus and positive patellar compression test. The patient's diagnoses include: 1. History of anterior cruciate ligament (ACL) reconstruction right knee 2. History of previous meniscectomy 3. Left knee pain 4. Chronic lower back pain 5. Morbid obesity 6. History of diabetes 7. Hypertension 8. History of reactive depression (stable now with Zoloft) 9. Dyspepsia from medication The patient states medication brings pain down to a manageable level. Medications listed are Zoloft, Glucosamine, Neurontin, Dexilant, and Nucynta. The patient participated in a home exercise program and was counseled on joining a gym as well as weight reduction. The treater is requesting for physical therapy. The utilization review being challenged is dated 08/27/14. The rationale is that the records do not show any indices of hepatomegaly or that the patient is predisposed for any liver failure. Progress reports were provided from 02/27/14 to 07/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of the liver: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: The patient presents with neck pain resulting in headaches. Pain radiates down the lumbar spine along with extreme weakness in the bilateral arms and legs. The treater requests for ultrasound of the liver per unknown report. The RFA is not included. MTUS and ODG do not address ultrasound of liver. The treater does not discuss this request in the reports provided. Objective findings and diagnoses do not mention liver injury or disease. MTUS page 8 requires the physician to monitor the patient's progress and make appropriate recommendations. In this case, lacking a clear reason for the need for ultrasound, the request is not medically necessary.