

<b>Case Number:</b>	CM14-0197320		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	02/28/2008
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Emergency 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:

The injured worker is a 48 year-old female, who sustained an injury on February 28, 2008. The mechanism of injury is not noted. Treatments have included: medications, acupuncture, and steroid injection. The current diagnosis is: right knee arthropathy. The stated purpose of the request for Ultrasound for the right lower quadrant of abdomen was not noted. The request for Ultrasound for the right lower quadrant of abdomen was denied on October 31, 2014, citing a lack of documentation of abdominal exam findings. Per the report dated October 24, 2014, the treating physician noted complaints of pain to the right groin with radiation to the right thigh and leg. Exam findings included an antalgic gait, right knee effusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Ultrasound for the Right Lower Quadrant of Abdomen: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evidence Based Medicine (EBM)

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

**Decision rationale:** The requested Ultrasound for the right lower quadrant of abdomen is not medically necessary. CA MTUS is silent and ODG, Hernia noted that abdominal ultrasound is

recommended only in unusual clinical situations. The injured worker has pain to the right groin with radiation to the right thigh and leg. The treating physician has documented an antalgic gait, right knee effusion. The treating physician has not documented sufficient abdominal exam findings to indicate an unusual clinical situation requiring imaging studies. The criteria noted above not having been met, Ultrasound for the right lower quadrant of abdomen is not medically necessary.