MAXIMUS Federal Services

Case Number:	CM15-0000935		
Date Assigned:	01/12/2015	Date of Injury:	02/28/2008
Decision Date:	03/11/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, California
Certification(s)/Specialty: Family Practice

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 48 year old female patient, who sustained an industrial injury on 2/28/2008. She reported right knee pain. The diagnoses have included pain in joint of lower leg, and arthropathy not otherwise specified, lower leg. Per the doctor's note dated 11/14/2014, she had complaints of abdominal and groin pain with radiation to the right thigh.She rates the pain as 6/10 with zero being no pain and 10 having the worst pain possible. The pain is characterized by as pricking, sharp, throbbing and pulling/stretching. Her pain symptoms are adequately managed with pain medications. She wakes up frequently at night due to pain.The physical examination revealed 4/5 strength in right knee flexion and extension, tenderness over the right lower quadrant without guarding or rigidity and an antalgic gait. The medications list includes carisoprodol, cyclobenzaprine, pantoprazole and tramadol. She has received injection to the right groin. She has undergone right rotator cuff surgery in 2011. She has had right shoulder MRI dated 11/16/2011 which revealed thining of supraspinatus and other conjoined tendon, status post subacromial decompression and possible low level adhesive capsulitis; MRI right knee dated 1/28/2008. She has had physical therapy visits and acupuncture visits for this injury. Her medical history includes promyelocytic leukemia.On 12/04/2014, Utilization Review non-certified an ultrasound of the right lower quadrant of the abdomen, noting that the clinical findings do not support the medical necessity of the treatment. Non- MTUS guidelines were cited. On 1/02/2015, the injured worker submitted an application for IMR for review of a gastroenterologist referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testing: Other - Ultrasound Right - Lower quadrant of abdomen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Spengler, Renee. "Doppler Ultrasound." WebMD.com. WebMD, LLC. 22 May 2005 http://my.webmd.com/hw/health_guide_atoz/hw4477.asp?lastselectedguid={5FE84E90-BC77-4056-A91C-9531713CA3481

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Hernia(updated 12/03/14) Imaging

Decision rationale: Request: Testing: Other - Ultrasound Right - Lower quadrant of abdomen.ACOEM/CA MTUS does not address this request. Therefore ODG used.Per ODG guidelines cited below, "Imaging techniques such as MRI, CT scan, and ultrasound are unnecessary except in unusual situations. (Treatment Planning). Ultrasound (US) can accurately diagnose groin hernias and this may justify its use in assessment of occult hernias. In experienced hands US is currently the imaging modality of choice when necessary for groin hernias and abdominal wall hernias. Postoperative complications may also be evaluated." Per the records provided patient is having abdominal and groin pain with radiation to the right thighand the physical examination revealed tenderness over the right lower quadrant without guarding or rigidity. Patient also has a history of leukemia. It is medically appropriate and necessary to perform the ultrasound to evaluate and differentiate musculoskeletal pathology, intra-abdominal pathology, hernia, lymphadenopathy as the cause of the abdominal and groin symptoms.The request of Testing: Other - Ultrasound Right - Lower quadrant of abdomen is medically appropriate and necessary for this patient at this juncture.