

Case Number:	CM15-0137058		
Date Assigned:	07/27/2015	Date of Injury:	06/25/2012
Decision Date:	08/24/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/15/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 41 year old male, who sustained an industrial injury on 6/25/12. The injured worker was diagnosed as having constipation and difficulty with the bowels. Treatment to date has included medication. Physical examination findings on 5/19/15 included a vague doughiness throughout the abdomen with tenderness that radiated inferiorly both in the left lower quadrant and the mid epigastrium. The treating physician noted the injured worker's constipation most likely represents a physiologic response to the medication he is taking. Currently, the injured worker complains of gastrointestinal issues. The treating physician requested authorization for an abdominal ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abdominal ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's textbook of Internal medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/ency/article/003777.htm>.

Decision rationale: Pursuant to Medline plus, an abdominal ultrasound is not medically necessary. Abdominal ultrasound is an imaging test used to examine organs abdomen including the liver, gallbladder, spleen, pancreas and kidneys. The blood vessels that lead to some of these organs may be looked at with ultrasound. Indications include determining the cause of abdominal pain, cause of kidney infections, diagnose a hernia, diagnose and monitor tumors and cancers, diagnose or treat ascites, etc. in this case, the injured worker's working diagnoses are multiple trauma including head, neck, elbow wrist and knee trauma; tinnitus; light sensitivity; headache; constipation; and erectile dysfunction. The date of injury is June 25, 2012. The request for authorization is dated June 12, 2015. According to a May 19, 2015 progress note, the injured worker was seen in consultation by an internal medicine provider for constipation related to the injury. The treating provider tried Mirilax without benefit. The treating provider requested an abdominal ultrasound to further evaluate the injured worker's constipation. An abdominal ultrasound is of little benefit in evaluating constipation. The clinical objective findings are nonspecific. An abdominal ultrasound and imaging test is used to examine organs in the abdomen including the liver, gallbladder, spleen, pancreas and kidneys. Consequently, absent guideline recommendations for evaluation of the bowels/constipation, abdominal ultrasound is not medically necessary.