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| Case Number: | CM15-0143320 | | |
| Date Assigned: | 08/04/2015 | Date of Injury: | 07/25/2006 |
| Decision Date: | 09/01/2015 | UR Denial Date: | 06/30/2015 |
| Priority: | Standard | Application Received: | 07/23/2015 |

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 51-year-old female, who sustained an industrial injury on July 25, 2006. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included cardio-respiratory testing, surgery and medication. Currently, the injured worker reports symptoms are improving from gastritis, reflux, irritable bowel syndrome and hemorrhoids. She reports sleep disturbance. She also reports neck pain rated at 4 on 10 with lifting and low back pain rated at 8 on 10 with bilateral lower leg sciatic complaints. The injured worker is currently diagnosed with GERD, gastritis, irritable bowel syndrome and hemorrhoids. Her work status is not addressed in the documentation. A note dated April 30, 2015 states the injured worker is experiencing improvement in her gastric symptoms. An abdominal ultrasound is requested due to tenderness to palpation.

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
<http://www.ncbi.nlm.nih.gov/pubmed/16790453>.

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 [REDACTED], 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 GERD; gastritis; irritable bowel syndrome; hemorrhoids; status post H. pylori; hypertension; hyperlipidemia; obstructive sleep apnea; diabetes mellitus; and depression. Date of injury is July 25, 2006. Request for authorization is June 24, 2015. According to an April 30, 2015, progress note the injured worker has improved hemorrhoids, gastritis, irritable bowel syndrome and GERD. Objectively, the documentation indicates 2+ tenderness in the epigastric region. The documentation does not indicate the duration of time the tenderness has been present. The injured worker has a long history of abdominal symptoms considering the diagnosis of irritable bowel syndrome and gastritis. The documentation does not indicate whether prior ultrasound abdominal was performed in the past. The documentation does not provide additional prior work up regarding abdominal complaints. Additionally, there is no causal relationship between the epigastric tenderness and industrial injury documented in the medical record. Consequently, absent clinical documentation with prior workup of nominal complaints and a causal relationship between the tenderness and the industrial injury, an abdominal ultrasound is not medically necessary.