

<b>Case Number:</b>	CM15-0184701		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	07/15/2010
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: 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 50 year old male, who sustained an industrial injury on 7-15-10. The documentation on 7-15-15 noted that the injured worker reports improvement in swallowing, internal hemorrhoids, blood in stool, acid reflux and diarrhea and occasional constipation. The injured worker reports improved abdominal pain but still reports gastritis and duodenitis. Abdomen is soft; normoactive bowel sounds and 1+ epigastric tenderness with no guarding and no rebound tenderness. The diagnoses have included gastritis; reflux esophagitis; duodenitis; large 7-centimeter hiatal hernia and dysphagia, secondary to reflux esophagitis. The injured workers medications are dexilant; gaviscon; miralax; colace; bentyl; cymbalta and voltaren gel. Chest X-ray on 7-15-15 showed large lateral hernia and no active cardiopulmonary disease. The original utilization review (8-19-15) non-certified the request for 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 MD Guidelines: Ultrasound, Diagnostic Spengler, Ren "Doppler Ultrasound." WebMD.com. WebMD, LLC. 22 May 2005

[http://my.webmd.com/hw/health\\_guide\\_atoz/hw4477.asp?lastselectedguid={5FE84E90-BC77-4056-A91C-9531713CA348}](http://my.webmd.com/hw/health_guide_atoz/hw4477.asp?lastselectedguid={5FE84E90-BC77-4056-A91C-9531713CA348})).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

**Decision rationale:** An abdominal ultrasound is a radiologic study that is indicated in the following conditions: Abdominal, flank, and/or back pain. Signs or symptoms that may be referred from the abdominal and/or retroperitoneal regions such as jaundice or hematuria. palpable abnormalities such as an abdominal mass or organomegaly, abnormal laboratory values or abnormal findings on other imaging examinations suggestive of abdominal and/or retroperitoneal pathology, follow-up of known or suspected abnormalities in the abdomen and/or retroperitoneum, search for metastatic disease or an occult primary neoplasm, evaluation of suspected congenital abnormalities, abdominal trauma, pretransplantation and posttransplantation evaluation, planning for and guiding an invasive procedure, searching for the presence of free or loculated peritoneal and/or retroperitoneal fluid, suspicion of hypertrophic pyloric stenosis or intussusceptions, and evaluation of a urinary tract infection. In this case, the patient has complaints of blood in the stool, diarrhea and gastroesophageal reflux. There are no reported physical exam abnormalities. There is no specific indication for the requested ultrasound of the abdomen. Medical necessity for the requested study is not established. The requested study is not medically necessary.