

<b>Case Number:</b>	CM15-0020108		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	11/21/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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 59 year old male, who sustained an industrial injury on 11/21/2014. He reports injury to the ribs and back after detaining a suspect. Diagnoses include contusion of the chest wall, thorax and rib cage. Treatments to date include medication management. A progress note from the treating provider dated 11/25/2014 and 11/26/2014 indicates the injured worker reported pain to the abdomen, back and ribs. On 1/19/2015, Utilization Review non-certified the request for abdominal ultrasound, citing MTUS and ACOEM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound abdomen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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 intra-abdominal organs

including the liver, gallbladder, spleen, pancreas and kidneys. The indications are to determine the cause of abdominal pain, kidney infections, diagnose hernias, treat ascites, etc. for additional details see the attached link. In this case, the injured worker's working diagnosis is contusion chest wall, thorax and rib cage. The documentation does not contain any clinical evidence of abdominal pain or abdominal tenderness. There is no clinical indication or rationale for an abdominal ultrasound in the absence of subjective and objective abdominal complaints and findings, respectively. Consequently, absent clinical documentation would subject of an object of findings referable to the abdomen, and abdominal ultrasound is not medically necessary.