

Case Number:	CM15-0029499		
Date Assigned:	02/23/2015	Date of Injury:	02/24/2009
Decision Date:	04/08/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/18/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39-year-old female, who sustained an industrial injury on February 24, 2009. Her diagnoses include gastritis. On November 14, 2014, an H.pylori stool exam was performed. On January 8, 2014, her treating physician reports stomach pain. The physical exam noted the objective findings within normal limits. The treatment plan includes an ultrasound. On January 22, 2015 Utilization Review non-certified a request for an ultrasound, noting the lack of indication for the procedure. Non- Medical Treatment Utilization Schedule (MTUS) guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.hopkinsmedicine.org/heart_vascular_institute_treatments/treatments/abdominal_aorta_ultra.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Guidelines on Abdominal Aortic Aneurysm Screening.

Decision rationale: This patient presents with back, neck, shoulder, bilateral wrist/hand, stomach pain, gastritis and hypertension. The treater is requesting ultrasound. The RFA from 01/09/2015 shows a request for ultrasound. The patient's date of injury is from 02/24/2009 and she is currently off work. The MTUS, ACOEM and ODG Guidelines do not address this request. However, the AETNA Guidelines under Abdominal Aortic Aneurysm Screening states, "Aetna considers one-time ultrasound screening for abdominal aortic aneurysms (AAA) medically necessary for men 65 years of age or older. Aetna considers AAA screening experimental and investigational for all other indications because its effectiveness for indications other than the one listed above has not been established." The records do not show any previous ultrasound reports or requests. The 01/08/2015 progress report shows that the patient's physical examination was within normal limits. No other findings were noted on this report. The treater is requesting an aortic scan; however, no rationale was provided. None of the reports discuss cardiovascular symptoms or abdominal aortic aneurysm. In this case, the patient is 39 years of age and the reports do not discuss any concerns of aneurysm. The medical necessity of an ultrasound for this patient has not been established. The request is not medically necessary.