

Case Number:	CM15-0215457		
Date Assigned:	11/05/2015	Date of Injury:	07/31/2012
Decision Date:	12/16/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/02/2015

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 24 year old male, who sustained an industrial injury on 7-31-2012. A review of the medical records indicates that the injured worker is undergoing treatment for medication-induced peptic ulcer disease. On 10-01-2015, the injured worker reported nausea approximately three hours a day, seven days a week, vomiting occurring approximately five times a week, constipation related to medications, and diarrhea that occurred rarely. The Treating Physician's examination dated 10-01-2015, noted the injured worker's current medications included Oxycodone, Soma, and Lyrica. The physical examination of the abdomen was noted to show diffuse mild tenderness to palpation particularly in the mid upper region with no rebound, organomegaly, or masses. The Physician noted an upper gastrointestinal (GI) x-ray series and an abdominal ultrasound had been "requested and approved; however had not been obtained". Prior treatments have included Omeprazole noted to not help the nausea and vomiting. The treatment plan was noted to include notation that a proton pump inhibitor medication such as Prilosec occupational therapy Protonix was appropriate while further investigation of the source of the injured worker's complaints were being pursued. On 10-2-2015, the Physician noted the request for a RUQ ultrasound due to probable gall stones. The request for authorization was noted to have requested an ultrasound of the abdomen (right upper quadrant). The Utilization Review (UR) dated 10-19-2015, non-certified the request for an ultrasound of the abdomen (right upper quadrant).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Abdomen (Right Upper Quadrant): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.alum.org/resources/guidelines/abdominal.pdf> and on the Non-MTUS

http://www.medsolutions.com/documents/guideline_downloads/ABDOMENpercent20IMAGINGpercent20GUIDELINES.pdf.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation Ultrasonography of the hepatobiliary tract: uptodate.

Decision rationale: This 24 year old injured worker has chronic abdominal pain and a diagnosis of medication induced peptic ulcer disease. The worker takes several chronic medications including narcotics which could be contributing to his symptoms. The records do not document laboratory abnormalities to suggest gallbladder disease nor any right upper quadrant tenderness nor any relation to oral intake. Ultrasound is the least invasive radiology test for imaging the liver and biliary tract. However, the medical necessity of a right upper quadrant ultrasound in this worker is not substantiated. Therefore, the requested treatment is not medically necessary.