

<b>Case Number:</b>	CM15-0030772		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	10/20/2014
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Utah, Arkansas

Certification(s)/Specialty: Family Practice

### 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 30 year old male, who sustained an industrial injury on October 20, 2014. The diagnoses have included umbilical hernia and lumbago. Treatment to date has included Omeprazole and urine drug screen testing. Currently, the injured worker complains of pain in the shoulders, arms, wrists, hands, lower back and abdomen. In a progress note dated January 6, 2015, the treating provider reports abdominal examination reveals no guarding or masses, there is tenderness to palpation over the umbilical area. On January 22, 2015 Utilization Review non-certified an abdominal ultrasound, noting, <http://mdguidelines.com/gastritis> and [http://www.mdguidelines.com/abdominal -pain](http://www.mdguidelines.com/abdominal-pain) was cited.

### 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 [www.mdguidelines.com/gastritis](http://www.mdguidelines.com/gastritis).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [Mdguidelines.com/abdominal-pain](http://Mdguidelines.com/abdominal-pain).

**Decision rationale:** MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for an abdominal ultrasound. The clinical documents lack clinic information as to why the ultrasound was being performed, other than a diagnosis of abdominal hernia, and what the treatment plan was. According to the clinical documentation provided and current guidelines; abdominal ultrasound is not indicated as a medical necessity to the patient at this time.