

<b>Case Number:</b>	CM15-0044416		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	05/02/2013
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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 23 year old male, who sustained an industrial injury on May 2, 2013. He has reported right knee pain, lower back pain, weight gain, and abdominal cramping. Diagnoses have included lumbar spine radiculopathy, right hip arthralgia, unspecified chronic liver disease, and elevated liver enzymes. Treatment to date has included chiropractic, acupuncture, lumbar epidural steroid injection and imaging studies. A progress note dated February 4, 2015 indicates a chief complaint of weight gain and elevated liver enzymes. The treating physician documented a plan of care that included repeat blood work, diet recommendation, abdominal ultrasound, and weight loss program recommendation.

### 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 <http://www.acr.org/media>.

**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 organs abdomen including the liver, gallbladder, spleen, pancreas and kidneys. The blood vessels that lead to some of these organs may be looked at with ultrasound. Indications include determining the cause of abdominal pain, cause of kidney infections, diagnose a hernia, diagnose and monitor tumors and cancers, diagnose or treat as cites, etc. In this case, the injured worker's working diagnoses are obesity; elevated liver enzymes rule out fatty liver. The date of injury is May 2, 2013. The injuries sustained were to the back and knees. The injured worker gained approximately 60 pounds since the injury. He is under the care of an internal medicine physician. On February 4, 2015, the injured worker followed up with the treating physician. Subjectively, there was a 60-pound weight gain, the injured worker was on a diet and it was no bleeding. Physical examination, the injured worker was obese, with a soft abdomen and normal bowel sounds. Liver function tests were mildly elevated. The treating physician stated the ultrasound was necessary to rule out a fatty liver. There is no causal relationship between the 60 pound weight gain and the injuries sustained on May 2, 2013. A fatty liver is not related to the work injuries. Additionally, a nutritional consult was performed on January 5, 2015. A height, weight and a BMI were present in the medical record. The BMI was 52.1. There is no clinical rationale for performing an ultrasound of the abdomen. Abrupt weight gain is often associated with a fatty liver. An ultrasound will not change treatment. Consequently, absent clinical documentation to support an abdominal ultrasound with the establishment of a causal relationship between the 60-pound weight gain and a fatty liver to the initial back and knee injuries, abdominal ultrasound is not medically necessary.