

Case Number:	CM15-0044674		
Date Assigned:	03/17/2015	Date of Injury:	09/15/2012
Decision Date:	04/22/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/10/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 36-year-old female, who sustained an industrial injury on 9/15/2012. The mechanism of injury and initial complaint was not provided for review. The injured worker was diagnosed as having a post-traumatic stress disorder, abdominal pain, acid reflux, constipation/diarrhea, rectal bleeding, depression and anxiety. Treatment to date has included physical therapy, psychological therapy and medication management. Currently, a progress note from the treating provider dated 1/7/2015 indicates the injured worker reported abdominal pain with reflux, nausea, diarrhea and constipation.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Abdomen, Ultrasound.

Decision rationale: The medical records provided for review indicate symptoms of abdomen pain with reflux nausea, diarrhea, and constipation. There is no documentation of abnormal physical exam findings or documented suspicion of malignancy, mass, or abnormal labs to consider structural organ issue to be revealed by abdomen ultrasound. ODG guidelines support imaging for abnormal physical exam findings despite conservative therapy and documented consideration for malignancy, infection, or structural abnormality of internal organ. As the medical records do not record findings consistent with such suspicion, the medical records do not support ultrasound of abdomen. The requested treatment is not medically necessary.