

<b>Case Number:</b>	CM15-0081560		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	07/31/2014
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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 Jersey, New York

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 (IW) is a 63-year-old male who sustained an industrial injury on 07/31/2014 involving his shoulder, back and neck. Diagnoses include abdominal pain. Treatment to date has included medications. According to the consult notes dated 4/7/15, the IW reported epigastric abdominal pain, which had been present for three weeks, now rated 7/10, associated with nausea and vomiting. He also reported weight loss of 13 pounds in two months and constipation. He had a history of gastroesophageal reflux (GERD). A request was made for ultrasound of the liver, gallbladder, bile ducts, pancreas and spleen to rule out cholelithiasis or other biliary abnormalities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Ultrasound of the Liver Gallbladder, Bile Ducts, Pancreas and Spleen: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.uptodate.com](http://www.uptodate.com) Ultrasonography of the hepatobiliary tract.

**Decision rationale:** The request is considered not medically necessary. The patient had a work injury involving his shoulder, back, and neck. Abdominal pain was not an accepted diagnosis for worker's compensation. It is unnecessary to evaluate abdominal pain as part of worker's compensation and the patient can be evaluated and follow-up with his primary care physician. Abdominal ultrasound is not done to evaluate any of the patient's accepted diagnoses involving his shoulder, back, and neck. Therefore, the request is considered not medically necessary.