

<b>Case Number:</b>	CM14-0179187		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	05/29/2010
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Pursuant to the internal medicine progress report dated April 30, 2014, the IW complains of worsening acid reflux symptoms and diabetes mellitus, but reports no change in weight gain. She notes uncontrolled blood glucose. Physical examination revealed a soft, obese abdomen. Bowel sounds were normal and present. There was 1+ epigastric pain noted. The IW was diagnosed with diabetes mellitus, rule out diabetic neuropathy; gastroesophageal reflux disease (GERD), secondary to NSAIDs; and post-traumatic weight gain. Deferred diagnoses include: Hypertension; psychiatric diagnoses; cervical sprain/strain with radiculitis; and lumbar spine radiculopathy. The provider is requesting authorization for EKG, 2D echo, and abdominal ultrasound secondary to hypertension, abdominal pain, and GERD symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kidney 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 Other Medical Treatment Guideline or Medical Evidence: <http://fampra.oxfordjournals.org/content/23/5/507.full>

**Decision rationale:** Pursuant to Oxford journals, ultrasound of the kidney/abdomen is not medically necessary. Abdominal ultrasound (US) is an important diagnostic method for evaluation of many structures in the abdomen, such as the liver, gallbladder, biliary tract, pancreas and kidneys. Indications include abdominal, flank and/or back pain, palpable abnormalities, abnormal laboratory values suggestive for abdominal pathology, follow-up of known or suspected abnormalities and search for metastatic disease or occult primary. In this case, the injured worker underwent ultrasound of the abdomen in 2012. The results showed a fatty liver. In 2014 the injured worker underwent an extensive gastrointestinal workup. A request for a second abdominal ultrasound (not specifically for kidney) was made in April 2014. There was a progress note dated June 14 of 2014 that stated abdominal sonogram (ultrasound) results pending. The documentation does not contain any indications or referrals for a kidney ultrasound. As noted above, the injured worker has had an extensive gastrointestinal workup in 2014 and abdominal pain workup with an ultrasound performed in 2012. A repeat ultrasound was performed in April 2014. There is no documentation of the record to support kidney ultrasound nor was there a request in the record. Consequently, an ultrasound of the kidney is not medically necessary.