

Case Number:	CM14-0180021		
Date Assigned:	11/04/2014	Date of Injury:	08/24/2011
Decision Date:	12/16/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/29/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 51-year-old female who sustained an injury on 8/24/11. As per the 9/12/14 report, she complained of chest pain with intermittent episodes of acid reflux, no change in nausea and abdominal pain, no change in her sleep quality and headaches once a week. Exam did not reveal any significant findings except that the BP was 133/84 mmHg without medications and absence of fundus on eye exam. She has been treated for neck, low back, right shoulder, bilateral wrists, and bilateral knees by her primary treating physician and has been recently seen by a secondary treating physician on 10/15/14 for complaints of L-spine and C-spine. There are no prior diagnostic studies pertaining to abdomen and there was a Sudoscan-sudomotor function assessment diagnostic report dated 2/20/14 revealed abnormal hands and feet symmetry and intermediate conductance of the hands only indicative of small fiber neuropathy. She is status post carpal tunnel release on 6/5/13 and right shoulder arthroscopic surgery in September 2013. She is currently on HCTZ, amlodipine, metoprolol, Dexilant, Gaviscon, Metformin, Victoza pen with needles, Losartan, tramadol/gabapentin ointment, Flubriprofen/Cyclobenzaprine ointment, Nabumetone, Lidocaine patches, Latanoprost eye-drops, and Dorzolamide eye-drops. Diagnoses include gastroesophageal reflux disease, aggravated by work-related injury, obstructive sleep apnea, diabetes mellitus, aggravated secondary to pain and stress, and hypertension with no industrial aggravation at this time. She also had deferred diagnosis of diabetic retinopathy, anemia, and orthopedic diagnosis of severe carpal tunnel syndrome (per EMG/NCV) and psychological complaints. The request for retrospective abdominal ultrasound for symptoms of chest pain, nausea and abdominal pain, as an outpatient (DOS 9/12/14) was denied on 10/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for abdominal ultrasound for symptoms of chest pain, nausea and abdominal pain, as an outpatient (DOS 9/12/14): 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Evaluation and Consultation.

Decision rationale: As per CA MTUS/ACOEM guidelines, "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Further guidelines indicate consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." In this case, there is no documentation of a detailed clinical assessment (History and physical examination) with respect to the chest pain, nausea and abdominal pain. Nonetheless, the injured worker has already been diagnosed with gastroesophageal reflux disease which would clearly explain this patient's symptoms. Therefore, the request is considered not medically necessary due to lack of documentation.