

Case Number:	CM15-0114161		
Date Assigned:	06/22/2015	Date of Injury:	07/27/2011
Decision Date:	08/04/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/12/2015

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 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 72 year old male, who sustained an industrial injury on July 27, 2011. He reported an injury to his head with loss of consciousness in a fall. He was diagnosed with multiple fractures to his ribs, right shoulder and right clavicle and a contusion of the chest wall. He was also diagnosed with a facial and head contusion. He reported headaches, dizziness, shortness of breath, dyspnea on exertion and right inguinal pain as well as pain in the cervical spine, chest, right shoulder, right elbow, right upper extremity, lumbar spine, right lower extremity and right knee. Treatment to date has included physical therapy, acupuncture therapy, aqua therapy, laboratory evaluations, electrocardiogram, and medications. Currently, the injured worker reports improving chest pain and unchanged inguinal pain, shortness of breath and sleep quality. A urinalysis from March 26, 2015 revealed the presence of albumin, bilirubin, nitrites, occult blood, red blood cells and bacterial in the injured worker's urine. The diagnoses associated with the request include elevated blood pressure, right inguinal hernia, chest pain, shortness of breath, and sleep disorder. The treatment plan includes 2D echocardiogram, renal ultrasound, and current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Renal ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.sononguide.com/renal.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014, Renal Ultrasound.

Decision rationale: A renal ultrasound is an excellent screening test to evaluate the anatomy of the kidneys and differentiate a solid mass from a cyst. It is also a method for evaluating renal obstruction and renal stones. Focal or diffuse renal scarring and atrophy can also be identified. In this case the claimant had a urinalysis that revealed bacteria. There is no documented history of hematuria or nephrolithiasis. There is no specific indication for the requested renal ultrasound. Medical necessity for the requested study is not established. The requested study is not medically necessary.