

Case Number:	CM15-0173931		
Date Assigned:	09/15/2015	Date of Injury:	01/30/2004
Decision Date:	10/15/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	09/03/2015

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, Pulmonary Disease

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 49 year old male who sustained an industrial injury January 30, 2004. Past history included; acid reflux, hypertension, and sleep apnea. According to a secondary treating physician's progress report, dated June 8, 2015, the injured worker presented with complaints of abdominal pain with lifting and bending (Prilosec helped), unchanged acid reflux, unchanged chest pain, and episodes of shortness of breath. Sleep studies were performed and he was issued a new CPAP (continuous positive airway pressure) helping with sleep (2-3 hours). He reports a mild headache in the afternoon. He reported an 85 pound weight gain since his injury. Current medication included HCTZ, Amlodipine, Prilosec, Simethicone, and Lorazepam. The physician documented laboratory results from March 2, 2015, as hemoglobin 12.3, hematocrit 36.2, and H-pylori negative. Physical examination revealed; 6" and 285 pounds; heart rate and rhythm regular, without gallops, rubs or murmurs; abdomen is obese, non-tender and non-distended, with normoactive bowel sounds; examination of tenderness and range of motion of extremities is deferred to the appropriate specialist. Diagnoses are gastropathy, suspect ulcer-anatomical alteration; constipation; hypertension; sleep disorder, rule out sleep apnea. Deferred diagnoses are psychiatric diagnosis deferred to specialist; maxilla-facial diagnosis secondary to trauma; anemia. Treatment plan included a low fat, low acid, low cholesterol, low sodium, and low glycemic and high-fiber diet. At issue is a request for authorization dated June 8, 2015, for an abdominal ultrasound. In a supplemental report, dated June 26, 2015, the secondary physician documented the injured worker underwent an abdominal ultrasound June 25, 2015,

impression mildly enlarged liver; no sonographic evidence of acute cholecystitis. According to utilization review dated July 31, 2015, the request for an abdominal ultrasound is non-certified.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition (web), 2015, Hernia, Imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldman's Cecil Medicine, 24th Edition Chapter 134 Approach to the Patient with Gastrointestinal Disease, 2011.

Decision rationale: The patient is a 49 year old male with an injury on 01/20/2004. He has a past history of obesity, sleep apnea, hypertension and acid reflux. He has been treated with Prilosec. On 03/02/2015 the He was 12.3 and he was H pylori negative. He was 6 feet tall and weighed 285 pounds. On 06/08/2015 he had abdominal pain with lifting and bending. Abdomen was obese, non-tender and not distended. Bowel sounds were normal. An abdominal ultrasound was ordered. The ultrasound was done on 06/25/2015 and there was no evidence of cholecystitis. There are no MTUS, ODG or ACOEM guidelines for the medical necessity of an abdominal ultrasound (especially more than 10 years after an injury). There was no documentation of right upper quadrant pain after meals. Ultrasound of the abdomen is usually done to rule out gall stones with cholecystitis but abdominal pain with lifting and bending is not a sign of gall bladder disease and as expected, the ultrasound was negative for gall bladder disease. The ultrasound of the abdomen on 06/25/2015 was not medically necessary to manage this patient.