

Case Number:	CM15-0036577		
Date Assigned:	03/05/2015	Date of Injury:	05/27/1994
Decision Date:	05/13/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/26/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 76 year old male, who sustained an industrial injury on 5/27/1994. He reported cumulative trauma. The injured worker was diagnosed as having right upper quadrant abdominal pain, status post coronary artery bypass, status post right coronary artery stenting, and hypertension. Treatment to date has included medications, laboratory evaluations, and surgery. The request is for an ultrasound of the liver (abdomen). On 3/4/2014, he is seen for follow up for superficial thrombosis. He has a medical history of coronary artery disease, right lower extremity thrombus, and gastrointestinal bleeding. On 1/19/2015, he complains of having a lot of anxiety, and increased pressure. He has pain on the right side below his rib cage. He indicates he has had this pain for years; however, it is more often now. The treatment plan included request for right lower extremity ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound, Liver (abdomen): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hernia Ultrasound, diagnostic.

Decision rationale: The patient presents with abdominal pain. The current request is for Ultrasound, liver (abdomen). The treating physician's hand written report is partially illegible and states, "Pain on right side below rib cage for years but is more frequent now." (37B) ACOEM, MTUS and ODG guidelines do not discuss ultrasound for diagnostic purposes in the abdomen. The CIGNA guidelines indicate that abdominal ultrasounds are used for evaluating gallstones, guidance for biopsies, urinary stones, aneurysms, etc. In this case, the treating physician has requested a procedure that is not recommended per the ODG guidelines. The treating physician does not document symptoms or a physical exam that would warrant an abdominal ultrasound. More clinical evidence is needed to support this request. The current request is not medically necessary and the recommendation is for denial.