

Case Number:	CM15-0046528		
Date Assigned:	03/18/2015	Date of Injury:	08/19/2012
Decision Date:	04/23/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/11/2015

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, Indiana, 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:

This 44-year-old woman sustained an industrial injury on 8/19/2012. The mechanism of injury was not detailed. Diagnoses include knee tendinosis/bursitis, left knee anterior cruciate ligament tear, lumbar discopathy with possible radiculopathy, anxiety, depression, and pain disorder associated with both psychological factors and general medical condition. Treatment has included oral medications, surgical intervention and post-operative physical therapy, use of a wheelchair, and consultation with internal medicine physician. The internal medicine physician recommended gastrointestinal consultation for esophagogastroduodenoscopy, right upper quadrant abdominal ultrasound, and follow up in eight weeks. Physician notes dated 10/6/2014 show complaints of chronic cervical, lumbar, and left knee pain. Recommendations include refilling medications and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right upper quadrant abdomen ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/9867100>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov/medlineplus/ency/article/003777.htm.

Decision rationale: Pursuant to Medline plus, an abdominal ultrasound is not medically necessary. Abdominal ultrasound is an imaging test used to examine organs abdomen including the liver, gallbladder, spleen, pancreas and kidneys. The blood vessels that lead to some of these organs may be looked at with ultrasound. Indications include determining the cause of abdominal pain, cause of kidney infections, diagnose a hernia, diagnose and monitor tumors. In this case, the injured worker's working diagnoses are gastritis/gastroesophageal reflux disease; irritable bowel syndrome; orthopedic diagnosis; weight gain; obesity activated; and mild hypertension. The injured worker has been having burning epigastric pain with nausea not related to food for an undetermined period of time. The injured worker states her abdominal pain is related to ingesting Metamucil. The worker has been out of Metamucil and developed increased cramping and pain. There is no vomiting. The injured worker admits to intermittent bright red blood per rectum. Physical examination showed a well-nourished woman with an obese abdomen and tenderness in the epigastric, right upper quadrant and left lower quadrant. There was no rebound tenderness. There was no specific indication for an abdominal ultrasound. There were minimal findings on physical examination. There was insufficient clinical information medical record for an ultrasound. There is no clinical indication/rationale for an ultrasound abdomen. Additionally, there is no causal relationship established between the work-related injury and the abdominal pain. Consequently, absent clinical documentation with a specific clinical indication and rationale for an abdominal ultrasound, abdominal ultrasound is not medically necessary.