

<b>Case Number:</b>	CM15-0072078		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: Pennsylvania, Ohio, California  
 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 23-year-old female, who sustained an industrial injury on 8/2/2012. She reported left shoulder pain. The injured worker was diagnosed as having internal derangement of shoulder region, neck sprain/strain, cervical radiculopathy, and thoracic sprain/strain. Treatment to date has included medications, magnetic resonance imaging, electro diagnostic studies, magnetic resonance imaging, and chiropractic treatment. The request is for ultrasound of the abdomen. On 10/29/2014, she complained of increased neck pain with radiation into the upper extremities. She rated her pain level as 8/10. She reported chiropractic treatment to be beneficial. On 11/19/2014, she complained of increasing neck pain, and a decreased appetite. The treatment plan included ultrasound of the abdomen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound of the Abdomen:** 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), Hernia - Imaging.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hernia/Imaging.

**Decision rationale:** ODG recommends imaging of the abdomen based upon a specific history, physical examination, and differential diagnosis. The records in this case do not explain the rationale for the requested ultrasound. An Application for Independent Medical Review which requests this Ultrasound reports the diagnosis of 535.00 (Gastritis/Duodenitis); however; the records do not provide further details regarding that diagnosis or the rationale to consider either the diagnosis or related evaluation/treatment plans. For these reasons, the current request is not medically necessary based upon the available records.