

Case Number:	CM15-0091480		
Date Assigned:	05/15/2015	Date of Injury:	07/22/2005
Decision Date:	06/17/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/12/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 52 year old male, who sustained an industrial injury on July 22, 2005. He reported a back injury. The injured worker was diagnosed as having gastrointestinal reflux disease secondary to non-steroidal anti-inflammatory drugs, status post H. pylori treatment, hyperuricemia, and diffuse liver disease. Treatment to date has included proton pump inhibitor medication. On March 17, 2015, the injured worker complains of acid reflux. She denies abdominal pain. The physical exam revealed a soft, non-tender abdomen with normal bowel sounds and no voluntary guarding. The treatment plan includes an abdominal ultrasound.

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 Disabilities Guidelines.

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

Decision rationale: The ACOEM and the California MTUS do not specifically address the requested service. The ODG states abdominal ultrasound is indicated in the evaluation of abdominal pain in the presence of certain findings on physical exam or with the emergence of red flag conditions. The provided clinical documentation for review fails to show and significant physical abnormalities on physical exam or any red flag symptoms/findings. Therefore the request is not medically necessary.