MAXIMUS Federal Services

Case Number:	CM15-0093690		
Date Assigned:	05/20/2015	Date of Injury:	02/17/2009
Decision Date:	06/24/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/14/2015

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
Certification(s)/Specialty: Emergency 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:

The injured worker is a 55 year old female who sustained an industrial injury to her left knee on 02/17/2009 when she tripped and fell. The injured worker was diagnosed with right knee medial meniscus tear, left knee osteoarthritis, lumbosacral chronic radiculopathy, gastritis, gastro-esophageal reflex disorder (GERD) and chronic constipation. The injured worker reported recent radiation treatment on her thyroid approximately February 2015. The injured worker underwent left knee arthroscopy in 2010 and July 2013. Treatments and diagnostic testing for this gastrointestinal (GI) review includes gastrointestinal endoscopy in 2011 (no report), gastric air contrast study in April 2011(reported as negative results), dietary changes and medications. According to the primary treating physician's progress report on April 30, 2015, the injured worker continues to experience weakness in her left leg with buckling. The injured worker reports pain in both knees with the left knee worse than the right. On April 27, 2015, the injured worker was evaluated for ongoing upper abdominal pain but her discomfort was much improved. The injured worker denies heartburn and reflux but continues to have abdominal bloating, epigastric discomfort and constipation. The injured worker is no longer taking Morphine or Celebrex and was prescribed Pantoprazole and Nizatidine. Examination of the abdomen demonstrated tenderness over the epigastric and right upper quadrant with negative Murphy's and no guarding, masses, distension or rebound. There was questionable costovertebral angle tenderness on the right and negative on the left. H. pylori laboratory finding was negative. Current medications are listed as Butrans patch 20ug once a week, Norco, Citalopram, Pantoprazole and Nizatidine. Treatment plan consists of avoiding all non-steroidal

anti-inflammatory drugs (NSAIDs), increase dietary fiber and fluid intake; continue with medications and the current request for an abdominal ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 abdominal ultrasound due to persistent and significant right upper quadrant abdominal pain and nausea, as an outpatient: Overturned

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 Official Disability Guidelines (ODG), Hernia.

Decision rationale: The requested 1 abdominal ultrasound due to persistent and significant right upper quadrant abdominal pain and nausea, as an outpatient, is medically necessary. CA MTUS is silent and Official Disability Guidelines, Hernia noted that abdominal ultrasound is recommended only in unusual clinical situations. The injured worker has right knee medial meniscus tear, left knee osteoarthritis, lumbosacral chronic radiculopathy, gastritis, gastro-esophageal reflex disorder (GERD) and chronic constipation. The injured worker reported recent radiation treatment on her thyroid approximately February 2015. The injured worker underwent left knee arthroscopy in 2010 and July 2013. Treatments and diagnostic testing for this gastrointestinal (GI) review includes gastrointestinal endoscopy in 2011 (no report), gastric air contrast study in April 2011(reported as negative results), dietary changes and medications. According to the primary treating physician's progress report on April 30, 2015, the injured worker continues to experience weakness in her left leg with buckling. The injured worker reports pain in both knees with the left knee worse than the right. On April 27, 2015, the injured worker was evaluated for ongoing upper abdominal pain but her discomfort was much improved. The injured worker denies heartburn and reflux but continues to have abdominal bloating, epigastric discomfort and constipation. The injured worker is no longer taking Morphine or Celebrex and was prescribed Pantoprazole and Nizatidine. Examination of the abdomen demonstrated tenderness over the epigastric and right upper quadrant with negative Murphy's and no guarding, masses, distension or rebound. There was questionable costovertebral angle tenderness on the right and negative on the left. H. pylori laboratory finding was negative. Despite symptomatic improvement, the injured worker is still having persistent upper abdominal bloating, pain and constipation with exam showing right upper quadrant tenderness, and despite a negative Murphy's sign, has established the medical necessity for ruling our gall bladder disease. The criteria noted above having been met, 1 abdominal ultrasound due to persistent and significant right upper quadrant abdominal pain and nausea, as an outpatient is medically necessary.