

Case Number:	CM15-0099033		
Date Assigned:	06/03/2015	Date of Injury:	12/09/2011
Decision Date:	07/07/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/22/2015

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:

The injured worker is a(n) 48 year old male, who sustained an industrial injury on 12/9/11. The injured worker was diagnosed as having gastropathy, irritable bowel syndrome, hiatal hernia and gastritis. Treatment to date has included an ultrasound of the bilateral carotid arteries on 10/14/14 and an abdominal ultrasound on 11/18/14 showing no abnormalities. Current medications include HCTZ, Lisinopril, Atenolol, Dexilant, Gaviscon, Miralx, Lovaza and Sentra. On 1/6/15, the injured worker reported unchanged abdominal pain, unchanged diarrhea, unchanged constipation, unchanged acid reflux and unchanged hypertension. As of the PR2 dated 4/8/15, the injured worker reports improved abdominal pain, unchanged diarrhea, unchanged constipation, improved acid reflux and unchanged hypertension. Objective findings include abdomen is soft with normal active bowel sounds, heart rate is regular and lungs are clear. The treating physician requested 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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessments Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, abdominal ultrasound is not medically necessary. Thorough history taking is there always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. In this case, the injured worker's working diagnoses are gastropathy; GERD, gastritis; irritable bowel syndrome; internal hemorrhoids; hiatal hernia; hypertension; blurred vision; hyperlipidemia; and sleep disorder. The documentation shows the injured worker had an abdominal ultrasound performed on November 18, 2014. The ultrasound (sonogram) showed no evidence of acute cholecystitis; and fatty liver. A progress note dated April 8, 2015 (request for authorization April 14, 2015) stated subjective abdominal pain was improved. Acid reflux is improved. Diarrhea is unchanged. A repeat abdominal ultrasound was ordered. There was no clinical indication for rationale for the repeat study. Objectively, on physical examination, the injured worker's abdomen was soft and otherwise normal. Consequently, absent clinical documentation with a clinical indication and rationale for a repeat abdominal ultrasound with a normal physical examination and improved subjective complaints, abdominal ultrasound is not medically necessary.