

Case Number:	CM13-0016007		
Date Assigned:	10/11/2013	Date of Injury:	08/23/2003
Decision Date:	01/08/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 63 year old male injured 8/23/13. He has a history of coronary artery disease, diabetes, increased lipids, hypertension, obesity diverticulosis, irritable bowel syndrome and gastrointestinal (GI) reflux. The patient has been on Lisinopril, gemfibrozil, Ambien, Lipitor, Soma, Asa, Vvalium, Voltaren and insulin. An ultrasound on 4/15/13 showed hepatosplenomegaly with no masses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gastrointestinal consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cecil's Medicine: Chapter 148, pages 952-956..

Decision rationale: Per the 24th edition of Cecil's textbook of Medicine, hepatomegaly may be caused by viral hepatitis, drug and alcohol induced liver disease, hemochromatosis, Wilson's disease, amyloidosis, lymphoma, sarcoidosis infectious processes and auto immune liver disease as well as other causes. Diagnostic studies include lab tests, CT, MRI, ultrasound and liver biopsy. From the charts, it appears that no workup has been done besides the abdominal exam

and ultrasound. Based on review of the evidence, GI consult should be approved. The request for a GI consultation is medically necessary and appropriate.