

<b>Case Number:</b>	CM13-0020415		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 California. 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 claimant is a 53 year old male who sustained an injury on August 20, 2012. He sustained the injury while walking up a narrow flight of stairs. His present diagnoses are knee sprain, depression, and obesity. He has also complained of acid reflux, constipation, low back pain, weight gain, bilateral knee and ankle pain and depression and anxiety. On exam, he has a soft non-tender abdomen and tenderness to palpation in the cervical and lumbosacral spine. He has decreased range of motion of both knees. He has been treated with medical therapy including Oxycodone, Ambien and Aspirin. He underwent knee surgery on April 19, 2013. The treating provider has requested a Gastroenterology (GI) consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gastroenterology Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS/ACOEM Occupational Medicine Practice Guidelines, Online Edition, Chapter 7, Independent Medical Examinationa and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

**Decision rationale:** The medical records indicate that the claimant has complaints of acid reflux, constipation and weight gain. There is no documentation of any evaluation, laboratory studies or treatments provided for these complaints. There is no documentation of the response of the claimant's gastrointestinal symptoms to specific medications or to discontinuation of narcotic therapy. According to the ACOEM guidelines referrals to a specialist are indicated if a diagnosis is uncertain or extremely complex, or when the plan or course of care may benefit from additional expertise. There is no clear indication for the requested Gastroenterology consultation. Medical necessity for the requested service has not been established. The requested service is not medically necessary.