

Case Number:	CM13-0033785		
Date Assigned:	12/06/2013	Date of Injury:	12/11/2001
Decision Date:	05/28/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/11/2013

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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/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 injured worker reported an injury on 12/01/2001. The mechanism of injury was cumulative trauma. The injured worker's treatment history included carpal tunnel release, right trigger thumb release, and right shoulder arthroscopy. The documentation of 07/25/2013 revealed the injured worker had worsening intermittent abdominal pain in the epigastric region that was exacerbated by food, physical activities, stress, and bowel movement. The objective physical examination findings documented that the injured worker's abdomen was described as obese with 2+ epigastric tenderness. The injured worker's diagnoses included abdominal pain, chronic gastritis, gastroesophageal reflux disease, internal hemorrhoids, irritable bowel syndrome, obesity, history of rectal bleeding, status post H. pylori treatment, positive hiatal hernia, and positive Barrett's esophagus. The treatment plan included a request for a Urease breath test.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR UREASE BREATH TEST (DOS : 07/25/2013):

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nih.gov/pubmed/15569102>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15569102>

Decision rationale: Per ncbi.nlm.nih.gov "The urea breath test is a non-invasive, simple and safe test which provides excellent accuracy both for the initial diagnosis of *Helicobacter pylori* infection and for the confirmation of its eradication after treatment." The clinical documentation submitted for review failed to indicate the necessity for the requested test as the injured worker was status post H. Pylori. There was no documented rationale for the test. Therefore, the retrospective request for Urease breath test (DOS: 7/25/2013) is not medically necessary and appropriate.