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| Case Number: | CM13-0053046 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 05/20/2010 |
| Decision Date: | 05/02/2014 | UR Denial Date: | 10/29/2013 |
| Priority: | Standard | Application Received: | 11/18/2013 |

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 Internal Medicine ,Pulmonary Diseases 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 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 injury on 05/20/2010. The mechanism of injury was not provided. The diagnosis was diabetes mellitus. The examination on 09/19/2013 revealed the injured worker had improving gastroesophageal reflux controlled with Prilosec and irritable bowel syndrome, which also was being controlled. The physical examination revealed a soft abdomen with normal active bowel sounds. It was indicated the injured worker had irritable bowel syndrome that was currently controlled. The recommendation was for a GI specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO GI SPECIALIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75-92.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 163.

Decision rationale: The Expert Reviewer's decision rationale: ACOEM Guidelines indicate that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. The clinical documentation submitted for review indicated the injured worker had a history of gastroesophageal reflux and irritable bowel syndrome. However, additionally, it was

documented these conditions were being controlled by current medication and activity. The physical examination revealed normal active bowel sounds and a soft abdomen. There was lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for referral to GI specialist is not medically necessary.