

Case Number:	CM13-0069630		
Date Assigned:	01/03/2014	Date of Injury:	04/24/2003
Decision Date:	05/29/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/23/2013

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 Emergency 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 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 patient is a 58-year-old female who was injured on February 24, 2003. The patient continued to experience pain in her neck, shoulder and elbow. The patient was treated with non-steroidal anti-inflammatory drugs (NSAIDs). The patient experienced severe gastrointestinal symptoms and underwent an extensive evaluation including a capsule study. She was diagnosed with a hiatal hernia. Pain was persistent and the patient was diagnosed with gallstones and underwent cholecystectomy. The patient continues to experience heartburn, regurgitation of stomach acid, abdominal distension, and mid-abdominal pain. The patient was treated with proton pump inhibitor. Requests for authorization for upper gastrointestinal endoscopy and gastrointestinal endoscopy were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

UPPER GASTROINTESTINAL ENDOSCOPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines Surgical and Inpatient Care Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Overview of Upper Gastrointestinal Endoscopy.

Decision rationale: The MTUS does not address this issue. Indications for endoscopy included upper abdominal symptoms, such as pain and nausea, that persist despite adequate trial of therapy, serious symptoms such as weight loss, dysphagia, odynphagia, persistent esophageal reflux, persistent vomiting of unknown cause, upper GI bleeding, chronic blood loss and anemia, and abnormal gastrointestinal imaging. In this case the patient had undergone an extensive evaluation and was diagnosed with hiatal hernia. The date and reported findings are not available. There is no documentation that the patient had experienced an increase or change in her symptoms. There is no indication that further testing is indicated. The symptoms can be explained by the hiatal hernia. Medical necessity is not established. The request should not be authorized.

GASTROINTESTINAL ENDOSCOPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Millimen Care Guidelines Surgical and Inpatient Care Guidelines 17th Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Overview of Upper Gastrointestinal Endoscopy.

Decision rationale: The MTUS does not address this issue. Indications for endoscopy included upper abdominal symptoms, such as pain and nausea, that persist despite adequate trial of therapy, serious symptoms such as weight loss, dysphagia, odynphagia, persistent esophageal reflux, persistent vomiting of unknown cause, upper GI bleeding, chronic blood loss and anemia, and abnormal gastrointestinal imaging. In this case the patient had undergone an extensive evaluation and was diagnosed with hiatal hernia. The date and reported findings are not available. There is no Final Determination Letter for IMR Case Number CM13-0069630 4 documentation that the patient had experienced an increase or change in her symptoms. There is no indication that further testing is indicated. The symptoms can be explained by the hiatal hernia. Medical necessity is not established. The request should not be authorized.