

Case Number:	CM13-0070344		
Date Assigned:	01/03/2014	Date of Injury:	06/29/2000
Decision Date:	06/04/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/24/2013

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 and 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 is a 67-year-old with a reported injury date of June 29, 2000; the mechanism of injury was not provided. The clinical note dated October 25, 2013 was hand written and parts were illegible. Diagnoses included hypertension and diabetes. Based on the legible portions of the clinical note it was noted that the injured worker was seen for a routine check-up. The physical examination found the injured worker to be healthy overall with no complaints noted. A procedure note dated December 6, 2013 noted the injured worker underwent a colonoscopy for screening of colorectal malignant neoplasm. The procedure revealed non-thrombosed internal hemorrhoids, multiple small and large mouthed diverticula in the sigmoid colon, and two polyps measured at 7mm and 12mm were found in the transverse colon and removed with a hot snare. A procedure note dated December 6, 2013 noted the injured worker underwent an upper GI (gastrointestinal) endoscopy for suspected esophageal reflux. The procedure revealed that the Zline was irregular and found 40cm from the incisors, a few 7mm sessile polyps with no bleeding and no stigmata of recent bleeding in the gastric body, and patchy moderately erythematous mucosa without bleeding was found in the gastric antrum. It was also noted that biopsies were taken with cold forceps for histology. The request for authorization was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

EGD (ESOPHOGOGASTRODUODENOSCOPY): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Colorectal Cancer Screening.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 'Role of Endoscopy in the Management of GERD (gastroesophageal reflux disease)'. *Gastrointestinal Endoscopy*, 66, 219-224. Retrieved from the website www.asge.org.

Decision rationale: The documentation provided was hand written and parts are illegible. Diagnoses include hypertension and diabetes. Based off the legible portions of the clinical note it was noted that the injured worker was seen for a routine check-up. The physical examination found the injured worker to be healthy overall with no complaints noted. According to the American Society for Gastrointestinal Endoscopy recommended the use of Esophagogastroduodenoscopy (EGD) for individuals who have documented symptoms suggestive of complicated disease and/or those at risk for [REDACTED] esophagus. Additionally, EGD is also recommended for individuals who have a documented failure to respond to appropriate antisecretory medical therapy and/or the presence of other clinical signs suggestive of complicated Gastroesophageal reflux disease (GERD). The medical necessity of this procedure cannot be established due to the lack of objective physical findings or documentation of a history of GI symptomatology. Additionally, it remains unclear what the requesting physician's treatment goals are. The request for an EGD is not medically necessary or appropriate.

COLONOSCOPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Colorectal Cancer Screening.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 'The National Digestive Diseases Information Clearinghouse (NDDIC)'. (2013, September 11). *Colonoscopy*. Retrieved from the website digestive.niddk.nih.gov.

Decision rationale: The documentation provided was hand written and parts are illegible. Diagnoses include hypertension and diabetes. Based off the legible portions of the clinical note it was noted that the injured worker was seen for a routine check-up. The physical examination found the injured worker to be healthy overall with no complaints noted. According to the U.S. Department of Health and Human Services colonoscopies are performed to explore possible causes of abdominal pain, rectal bleeding, changes in bowel habits and other intestinal problems as well as to screen for colon cancer in individuals who have an increased risk for colon cancer. The medical necessity of this procedure cannot be established due to the lack of objective physical findings or documentation of a history of GI (gastrointestinal) symptomatology and/or suspicion of colon cancer. Additionally, it remains unclear what the requesting physician's treatment goals are. The request for a colonoscopy is not medically necessary or appropriate.

