

Case Number:	CM14-0004905		
Date Assigned:	01/24/2014	Date of Injury:	02/28/2011
Decision Date:	06/11/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/13/2014

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 Occupational 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 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 an employee of [REDACTED] and has submitted a claim for abdominal pain associated with an industrial injury date of February 28, 2011. Treatment to date has included oral analgesics and acupuncture. Medical records from 2013 were reviewed, which showed that the patient was diagnosed with gastropathy secondary to medications due to pain (cervical spine pain, bilateral shoulder pain, bilateral elbow pain, and left wrist pain) as far back as June 2013. The patient was referred for an internal medicine consultation on July 15, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 GASTROINTESTINAL PROFILE TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Noh, Young Wook, et al. "Overlap of erosive and non-erosive reflux diseases with functional gastrointestinal disorders according to Rome III criteria." Journal of neurogastroenterology and motility 16.2 (2010): 148-156.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin no. 0396: Gastrointestinal Function, Selected Tests.

Decision rationale: The California MTUS/ACOEM guidelines do not address this issue, so alternative guidelines were used instead. Aetna considers a wireless motility capsule (WMC) for measuring gastric emptying parameters experimental and investigational for the evaluation of gastric disorders (e.g., gastroparesis), intestinal motility disorders (e.g., chronic constipation), and all other indications because of inadequate published evidence of its diagnostic performance and clinical utility over conventional means of measuring gastric emptying. WMC offers the advantage of providing a full GI-tract profile, enabling the detection of multi-regional GI transit abnormalities in patients with suspected upper or lower GI dysmotility. In this case, the patient was recommended to have an internal medicine consultation for gastropathy secondary to pain medications. However, the medical records submitted did not show subjective complaints or objective findings of gastrointestinal symptoms. There is lack of a discussion regarding the indication for this procedure. As such, the request is not medically necessary.