

<b>Case Number:</b>	CM14-0133625		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	01/06/2011
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Internal 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 63 year old female with a date of injury of 01/06/2011. She had a slip and fall injury to her left knee, back, both wrists and shoulder. She slipped on a wet floor and fell backwards. On 08/25/2012 she had right carpal tunnel release surgery. She is 5'4" tall and gained about 50 pounds since her injury. Prior to the injury she weighed 140 pounds. Despite being told to stop smoking she has increased her daily cigarette smoking. On 01/28/2014 she was just taking over the counter medications. She weighed 157 pounds. No GI symptoms were noted. On 02/26/2014 it was noted that she had a history of anxiety, insomnia and GERD. She was taking Advil PRN for orthopedic pain. She had a weight gain of 40 pounds in the past year. She weighed 160 pounds. Abdomen was soft and not tender. Bowel sounds were normal. On 04/15/2014 she reported stress, anxiety and depression. Psychiatric consultation was pending. She had poor sleep quality. She was taking over the counter medications and Prilosec was prescribed. There was no documentation of any GI symptoms. She was not weighed. On 06/16/2014 right carpal tunnel surgery was refused by the patient since she had previous carpal tunnel surgery in the past and did not think it was helpful. Left knee arthroscopic surgery was also refused by the patient. Psychiatric consultation was pending. She was taking over the counter medication. She was not weighed. On 07/02/2014 she weighed 174 pounds. In a previous review it was noted that on 07/29/2014 she reported heartburn and reflux after meals. She had abdominal pain and bloating. She attributed her GI symptoms to working the graveyard shift at work and a lot of pressure from supervisors at work. She had not been prescribed any GI medications as all of the requested medications were denied. However, Omeprazole was prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Upper GI air contrast study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/pubmed/806938>; <http://www.nlm.nih.gov/pubmed/10502181> <http://www.nlm.nih.gov/pubmed/8478168>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Harrison's Principles of Internal Medicine, 18th Edition, 2011.

**Decision rationale:** There are no MTUS criteria or ODG that covers this clinical situation. There was no GI injury on the date of the injury. Her weight has increased from about 140 pounds at the time of the injury to about 174 pounds and she stated at one point that she gained 40 pounds over the past year. She continues to smoke cigarettes according to a previous review and has not been compliant with GERD (Gastro-Esophageal Reflux Disease) diet or discontinuation of smoking. The use of Advil has been discontinued. The history is consistent with GERD/heartburn after meals. There is no documentation of hematemesis, emesis or weight loss. Although Omeprazole has been prescribed there is no documentation that this patient has been treated with any GI acid reflux medication, had blocks placed at the head of the bed or had diet modification treatment for GERD. GERD symptoms in an overweight adult without any of the above stated GERD treatment are not an indication for a GI series. There must be a trial of conservative treatment prior to any imaging or endoscopy for patients with symptoms consistent with GERD since GERD symptoms are so prevalent in the US population of overweight adults.