

Case Number:	CM14-0167576		
Date Assigned:	10/14/2014	Date of Injury:	06/27/2011
Decision Date:	12/08/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/10/2014

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 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 (IW) is a 55-year-old female who sustained an industrial injury on June 27, 2011. The mechanism of injury was not documented in the medical record. The IW was diagnosed with dysphagia. A request was made for an esophageal manometry. The IW underwent esophagogastroduodenoscopy with biopsy under general anesthesia on August 26, 2014. She had chronic severe dysphagia and suspected aspiration. Results revealed no evidence of esophageal stricture or mass. Primary esophageal motility disorder was possible but less likely to be the etiology of the severe dysphagia. Nonetheless, esophageal dysmobility was suggested by the "OPMS" evaluation. There was mild esophageal candidiasis. Esophageal manometry was recommended. However, there was no medical report provided other than the operative report dated August 26, 2014 documenting the injured worker's history including dysphagia complaints and other associated signs and symptoms as well as treatments rendered to address the complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Esophageal Manometry For Dysphagia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cms.gov/medicare-coverage/database/details/hcd-details.aspx>

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: National Coverage Determination: Esophageal Motility
<http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=191&ncdver=1&bc=AgAAQAAAAAAAAAA%3D%3D&>

Decision rationale: Pursuant to the National Coverage Determination Esophageal Motility, the request for esophageal motility is not medically necessary. The major use of esophageal manometry is to measure pressure within the esophagus to assist in the diagnosis of esophageal pathology including a peristalsis, spasm, achalasia, esophageal ulcer, etc. Coverage is present when the service is determined to be reasonable and necessary for the individual patient. In this case, the injured worker is a 55-year-old woman with a date of injury June 27, 2011. The injury sustained was to the bilateral knees, bilateral ankles, nose and chin as a result of tripping over an empty box. She had complaints of chronic severe dysphasia, suspected aspiration. The medical record contained an upper G.I. endoscopy and biopsy performed on August 22, 2014. The record documents dysphasia was chronic and appear to predate the work injury. It is unclear from the record how an esophageal disorder, now requiring manometry is in any way related to the industrial injury. The treating physician has not established a causal relationship between the injuries sustained to the knees bilaterally, ankles bilaterally nose and chin as a result of tripping over an empty box and an esophageal disorder. Consequently, Esophageal Manometry is not medically necessary.