

Case Number:	CM14-0030007		
Date Assigned:	06/20/2014	Date of Injury:	12/11/1998
Decision Date:	07/17/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/10/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 55-year-old male who reported an injury on 12/11/1998. The mechanism of injury was not specifically stated. Current diagnoses include abdominal pain, constipation/diarrhea, and anemia. The injured worker was evaluated on 12/12/2013 with complaints of abdominal pain, acid reflux, constipation, bright red blood per rectum, and history of hemorrhoids. Current medications include Dexilant 60 mg, Amitiza 24 mcg, Medrox patches, and a topical cream. Physical examination on that date revealed a soft and non-tender abdomen with normative bowel sounds. It is noted that the injured worker has undergone an endoscopy and colonoscopy in 2009. Copies of the previous reports were requested at that time. Treatment recommendations included a repeat endoscopy and colonoscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLONOSCOPY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation For Colonoscopy.

Decision rationale: A colonoscopy is indicated to evaluate early signs of cancer, to evaluate causes of unexplained changes in bowel habits, and to evaluate symptoms such as abdominal pain, rectal bleeding, and weight loss. As per the documentation submitted, the injured worker does report persistent abdominal pain with worsening heartburn, constipation/diarrhea, and blood per rectum. However, it was noted that the injured worker has previously undergone a colonoscopy in 2009 and a request for copies of the previous report was submitted. It is unclear whether the previous colonoscopy findings were ever reviewed or what the colonoscopy report indicated. The injured worker's physical examination on the requesting date revealed normal findings. The medical necessity for a repeat colonoscopy has not been established. Therefore, the request is not medically necessary.