

Case Number:	CM14-0043953		
Date Assigned:	07/02/2014	Date of Injury:	04/15/1997
Decision Date:	07/31/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/11/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 a 60-year-old male with a 7/29/08 date of injury. There is documentation of subjective findings of pain and burning sensation despite Aciphex and Zantac. There are objective findings of epigastric tenderness, no rebound tenderness, no rigidity. Current diagnoses include reflux esophagitis and gastritis. Treatment to date includes medications, including Aciphex and Zantac. The 3/20/14 medical report indicates the patient was prescribed analgesics which resulted in acid reflux and constipation, and continues to suffer from severe reflux which is unabated by medical therapy and a plan for Laparoscopic Nissen fundoplication and repair of hiatal hernia surgery with esophageal manometry to assess motor function of esophagus prior to surgery. There is no documentation of a condition/diagnosis for which an esophageal manometry is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Esophageal Manometry: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://gi.org/guideline/diagnosis-and-managemen-of-gastroesophageal-reflux-disease/Guidelines for the Diagnosis and Management of Gastroesophageal Reflux Disease](http://gi.org/guideline/diagnosis-and-managemen-of-gastroesophageal-reflux-disease/Guidelines%20for%20the%20Diagnosis%20and%20Management%20of%20Gastroesophageal%20Reflux%20Disease) Phillip O. Katz, MD 1 ,Lauren B Gersen, MD, MSc 2 and Marcelo F. Vela, MD, MSCR 3 Am J Gastroenterol 2013; 108;308-328; doi:

10.1.1038/ajg.2012.444; published online 19 February 2013 Table 1. Summary and strength of recommendations Establishing the diagnosis of Gastroesophageal Reflux Disease (GERD).

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: <http://www.ncbi.nlm.nih.gov/pubmed/21668570>.

Decision rationale: Medical treatment guidelines identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an esophageal manometry is indicated (such as: dysphagia and/or achalasia), as criteria necessary to support the medical necessity of the requested esophageal manometry. Within the medical information available for review, there is documentation of diagnoses of reflux esophagitis and gastritis. However, despite documentation of subjective (pain and burning sensation despite Aciphex and Zantac) and objective (epigastric tenderness, no rebound tenderness, no rigidity) findings, there is no documentation of a condition/diagnosis for which an esophageal manometry is indicated (dysphagia and/or achalasia). Therefore, based on guidelines and a review of the evidence, the request for Esophageal Manometry is not medically necessary and appropriate.