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| Case Number: | CM14-0062611 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 05/19/2009 |
| Decision Date: | 09/08/2014 | UR Denial Date: | 04/04/2014 |
| Priority: | Standard | Application Received: | 05/05/2014 |

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 Geriatrics 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 injured worker is a 57 year old man with a date of injury of 5/19/09. On 3/5/14 - 3/6/14, his secondary treating physician reported a normal / negative helicobacter pylori test, normal basic metabolic profile, complete blood count, amylase and lipase as well as a normal abdominal and retroperitoneal ultrasound. He was seen by his physician on 3/13/14 and noted to have hypertension, gastritis, esophageal reflux and 'large intestinal problems' described as constipation and diarrhea. He was able to work. The records indicate that he had an endoscopy in 2/13 with Barrett's esophagitis and mild antral gastritis. He denied intestinal bleeding. His blood pressure was normal at 120/80 with a pulse of 70. His lungs were clear and heart unremarkable. His eyes showed hypertensive changes and his abdominal exam showed subxiphoid and periumbilical tenderness. His diagnoses were hypertension, esophageal reflux, gastritis and diverticular disease. At issue in this review are the requests for a gastroenterology consult and an ophthalmology consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

GI Consultation with [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92, 127.

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: Medical Management Of Gastroesophageal Reflux Disease In Adults.

Decision rationale: The injured worker is a 57 year old man with a date of injury in 2009. He has multiple somatic complaints and medical diagnoses including GERD and gastritis. Laboratory evaluation showed normal complete blood count and negative helicopylori test and ultrasound of the abdomen was normal. His abdominal exam showed minimal tenderness but there are no red flags in his history or physical exam to warrant referral for a GI consultation.

Ophthalmology Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92, 127.

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: The Eighth Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure(<http://jama.jamanetwork.com/article.aspx?articleid=1791497>)After a professional and thorough review of the documents, my analysis is that the above listed issue.

Decision rationale: The injured worker is a 57 year old man with a date of injury in 2009. He has a history of hypertension which is documented as well controlled and he has no history of diabetes or chronic kidney disease. His labs and renal function were normal. His physical exam showed 'hypertensive changes' on eye exam. Given his well-controlled blood pressure, his primary care physician can monitor his eye exam and the medical necessity for an ophthalmology consultation is not substantiated.