

<b>Case Number:</b>	CM14-0092893		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/19/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 General Surgery 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:

This 43 year old female was injured 12/19/13. The diagnosis is toxic effect of unspecified gas fume or vapor. On 5/5/14, she was seen and complained of throat pain, raspy voice, nagging cough, and hoarseness. ENT examination was within normal limits. CXR, pulmonary function test expiratory flow rates, pulmonary Perfusion Scan, and O2 saturation on room air was within normal limits. The diagnosis was probable gastroesophageal reflux disease secondary to the use of Motrin. She has been using Motrin as an analgesic for a recent ankle injury. The request was for upper respiratory endoscopy, oropharynx and laryngeal area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Endoscopy, upper respiratory airways, oropharynx and laryngeal area:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), Bronchoscopy.

**Decision rationale:** Bronchoscopy is used to identify endobronchial disease, suspicion of airway malignancy when a chest x-ray is within normal limits, suspicion of a bronchial foreign body or

malignancy, or to obtain respiratory tract secretions for treatment of infectious pulmonary processes. With the subjective complaints and objective findings documented, bronchoscopy is not medically necessary. Subjective complaints are suggestive of NSAID induced gastroesophageal reflux disease with laryngopharyngitis. The patient has refused to consider the diagnosis of gastroesophageal reflux disease per the requesting provider as a cause of her subjective complaints. There has not been a trial of conservative management for gastroesophageal reflux disease. Therefore, the request for respiratory endoscopy is not medically necessary.