

Case Number:	CM14-0169320		
Date Assigned:	10/17/2014	Date of Injury:	06/15/2012
Decision Date:	01/20/2015	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/14/2014

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:

According to the records made available for review, this is a 54-year-old female with a 6/15/12 date of injury, and right epicondylar debridement with extensor tendon mass repair on 3/24/14. At the time (9/19/14) of the Decision for Upper GI contrast study, there is documentation of subjective (persistent heartburn, nausea, constipation, discomfort, and reflux) and objective (non-distended abdomen and positive epigastric, periumbical, suprapubic, and right upper quadrant tenderness without guarding) findings, current diagnoses (gastritis/gastroesophageal reflux disease), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Upper GI contrast study: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Medical Disability Advisor: Workplace Guidelines for Disability Duration by Presley reed, MD. Esophagogastroduedoscopy 45.13

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://emedicine.medscape.com/article/181753-workup#aw2aab6b5b3>

Decision rationale: MTUS and ODG do not address the issue. Medical Treatment Guideline identifies documentation of symptoms/problems consistent with upper Gastrointestinal tract (such as a possible ulcer), as criteria necessary to support the medical necessity of an upper Gastrointestinal series. Within the medical information available for review, there is documentation of a diagnosis of gastritis/gastroesophageal reflux disease. In addition, given documentation of subjective (persistent heartburn, nausea, constipation, discomfort, and reflux) and objective (non- distended abdomen and positive epigastric, periumbical, suprapubic, and right upper quadrant tenderness) findings, there is documentation of symptoms/problems consistent with upper gastrointestinal tract. Therefore, based on guidelines and a review of the evidence, the request for Upper GI contrast study is medically necessary.