

Case Number:	CM14-0204155		
Date Assigned:	12/16/2014	Date of Injury:	09/26/2011
Decision Date:	02/03/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/05/2014

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 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:

The injured worker (IW) is a 49-year-old man with a date of injury of September 26, 2011. The mechanism of injury occurred as a result of an explosion associated with an asphalt tank. The IW suffered multiple burns involving multiple parts of his body as a result of the accident. The injured worker's working diagnoses are burn injury 41%; and upper respiratory burn injury. The documentation from an agreed upon medical evaluation dated July 8, 2014 contains an entry under the internal medicine issues, pulmonary, ENT and throat issues that states the IW underwent and EGD on August 21, 2012 which reveals severe gastritis. It appears he may have had some obstructive abnormality involving the lower esophagus. There was no other documentation regarding recurrent gastrointestinal evaluations. Physical examination showed an unremarkable abdominal examination. The IW is otherwise awake, alert ambulatory. It is noted that the IW is able to tolerate strenuous exercise including riding a bike for 2 hours. Vital signs are normal, and there is no evidence of any G.I. bleeding. He had a respiratory rate of 21 with a heart rate of 78-80 and a normal blood pressure. The lungs were clear percussion and had no abnormal sounds. Another entry stated "the applicant has a cough, and has a change in voice pattern which occurred after his injury". He has features of aspiration. He denies fever, chills, pneumonia or coughing up blood. An ENT specialist has not evaluated the IW. There are no complaints of shortness of breath, cough, hemoptysis, dyspnea on exertion or any other respiratory complaints. The documentation does not contain any evidence of pulmonary disease by history or noted on physical examination. An updated progress note dated October 7 of 2014 was handwritten and largely illegible. However, there were no discernible entries regarding G.I. bleeding, nausea vomiting or any other G.I. related symptom. The IW complains if itchiness. On examination, there were no acute changes. Other subjective and objective complains were

illegible. There is no documentation of current aspiration pneumonia or any other GI related event. The current request is for gastroenterology consultation, and pulmonary function test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gastroenterology consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM page 127, Official Disability Guidelines (ODG), Pain, Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7, Consultations, Independent Medical Examinations Chapter, Page 127. Official Disability Guidelines (ODG); Pain Section, Office Visits.

Decision rationale: Pursuant to the ACOEM and in the Official Disability Guidelines, a gastroenterology consultation is not medically necessary. Health practitioners may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be made to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability permit residual loss and/or examinees fitness for return to work. The documentation from an Agreed upon Medical Evaluation dated July 8, 2014 contains an entry under the internal medicine issues, pulmonary, ENT and throat issues that states the injured worker had an upper G.I. track evaluation by means of esophagoscopy August 21 of 2012. It showed severe esophagitis. It appears he may have had some obstructive abnormality involving the lower esophagus. There was no other documentation regarding recurrent gastrointestinal evaluations. Physical examination showed an unremarkable abdominal examination. The injured worker is otherwise awake, alert ambulatory, as normal vital signs and there is no evidence of any G.I. bleeding. An updated progress note dated October 7 of 2014 was handwritten and largely illegible. There were no discernible entries regarding G.I. bleeding, nausea, vomiting or any other G.I. related symptom. A health practitioner may refer to a specialist if the diagnosis is uncertain or treatment requires additional expertise. The clinical signs and symptoms are not uncertain and treatment at this point in time does not require additional expertise. There is no documentation of current aspiration pneumonia or any other GI related event. Consequently, absent the appropriate clinical documentation to support the gastrointestinal consultation, gastroenterology consultation is not medically necessary.

Pulmonary function test: 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), Pulmonary, Pulmonary function testing

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/pmc/articles/PMC3229853/>.

Decision rationale: Pursuant to the National Institutes of Health, UMJ, pulmonary function testing is not medically necessary. Pulmonary function testing is valuable in the management of patients with suspected or previously diagnosed respiratory disease. They help diagnosis, help monitor response to treatment and can guide decisions regarding further treatment and intervention. In this case, the documentation from an Agreed upon Medical Evaluation dated July 8, 2014 contains entries in the pulmonary, ear nose and throat issues section of internal medicine issues. The entry stated "the applicant has a cough, and has a change in voice pattern which occurred after his injury. He has features of aspiration. He denies fever, chills, pneumonia or coughing up blood. However, in view of the extensive burns, records will have to be reviewed regarding any lung involvement which may occur with burns. The injured worker has not been evaluated by an ENT specialist. There are no complaints of shortness of breath, cough, hemoptysis, dyspnea on exertion or any other respiratory complaints. He is able to rake a bike for 2 hours without symptoms of shortness of breath or distress. The injured worker's vital signs: respiratory rate of 21 with a heart rate of 78-80 and a normal blood pressure. The lungs were clear percussion and had no abnormal sounds. The documentation does not contain any evidence of pulmonary disease by history or noted on physical examination. Pulmonary function testing is valuable in management of patients with suspected or previously diagnosed respiratory disease. There is no documentation of suspected or previously diagnosed respiratory disease. Consequently, absent clinical documentation indicating suspected or previously diagnosed respiratory disease in the face of a normal lung physical examination with normal vital signs, pulmonary function testing is not medically necessary.