

Case Number:	CM15-0104360		
Date Assigned:	06/08/2015	Date of Injury:	07/08/2012
Decision Date:	07/15/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New
York Certification(s)/Specialty: Internal Medicine

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 55-year-old male with an industrial injury dated 07/08/2012. The mechanism of injury is documented as a fall. His diagnosis was recalcitrant left shoulder rotator cuff impingement with a partial thickness rotator cuff tear. Prior treatment included subacromial injections (provided relief of pain for 3-4 months), physical therapy, diagnostics, cervical epidural steroid injection (provided at least 60% benefit lasting four months) and medications. Comorbid diagnoses included hypertensive cardiovascular disease. He presents on 05/04/2015 with complaints of left shoulder pain. Physical exam noted positive impingement sign of left shoulder. In the internal medicine consult report dated 02/11/2015 the treating physician noted the injured worker had gastrointestinal issues including heartburn with nocturnal regurgitation of stomach acid. He was taking naproxen and ibuprofen at that time. The treatment request is for pain management consultation for the back and upper gastrointestinal endoscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation for the Back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

Decision rationale: Pursuant to the ACOEM, pain management consultation back is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are posttraumatic headache; cervical spine myoligamentous injury; thoracic spine myoligamentous injury; rib fractures; tinnitus; secondary sleep deprivation; constipation. The date of injury is July 8, 2012. The request for authorization is May 14, 2015. The most recent progress note in the medical record is dated January 21, 2015 (by the requesting provider). There is no contemporaneous clinical documentation in the medical record on or about the date of request for authorization. The QME was performed on October 7, 2014 that contained a recommendation for an upper G.I. workup with G.I. endoscopy. An internal medicine consultation was performed on February 11, 2015 that included recommendations for G.I. complaints. The documentation indicates the injured worker is already under the care of a pain management consultant last seen on January 28, 2015. Consequently, absent contemporaneous clinical documentation from the treating provider on or about the date of request for authorization with a clinical indication and rationale for a pain management consultation, pain management consultation back is not medically necessary.

Upper GI Endoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.asge.org/assets/0/71542/71544/28549c5c-8b0e-4050-a588-11791c75ceb2.pdf>.

Decision rationale: Pursuant to the American Society for gastrointestinal endoscopy, upper G.I. endoscopy is not medically necessary. The guidelines provide general indications, contraindications and specific indications for esophagogastroduodenoscopy. See the attached link for details. In this case, the injured worker's working diagnoses are posttraumatic headache; cervical spine myoligamentous injury; thoracic spine myoligamentous injury; rib fractures; tinnitus; secondary sleep deprivation; constipation. The date of injury is July 8, 2012. The request for authorization is May 14, 2015. The most recent progress note in the medical record is dated January 21, 2015 (by the requesting provider). There is no contemporaneous clinical documentation in the medical record on or about the date of request for authorization. The QME was performed on October 7, 2014 that contained a recommendation for an upper G.I. workup

with G.I. endoscopy. An internal medicine consultation was performed on February 11, 2015 that included recommendations for G.I. complaints. Consequently, absent contemporaneous clinical documentation the clinical indication and rationale for an upper G.I. endoscopy, upper G.I. endoscopy is not medically necessary.