

<b>Case Number:</b>	CM15-0149271		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	05/20/2011
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old male, who sustained an industrial injury on 05-20-2011. He has reported injury to the right knee. The diagnoses have included right knee sprain-strain; tricompartmental osteoarthritis, right knee; status post arthroscopic partial medial meniscectomy, right knee; persistent symptomatic chondromalacia with mechanical symptoms of the right knee; left knee sprain-strain, internal derangement as compensation; antalgic gait; and GERD (gastroesophageal reflux disease). Treatment to date has included medications, diagnostics, injection, bracing, home exercise program, physical therapy, and surgical intervention. Medications have included Ultracet, Protonix, Senokot, Tylenol No. 3, Soma, Ibuprofen cream, Voltaren ER, Prilosec, and topical compounded cream. A progress report from the treating physician, dated 06-24-2015, documented an evaluation with the injured worker. The injured worker reported pain over the epigastric area; these symptoms occur after taking any medication; seems to be constant and of moderate severity rated 4 out of 10, 10 being maximum; he has been experiencing these symptoms since 2011; after taking food, these pains become worse; he also has periods of nausea, particularly after taking Diclofenac; minimal amount of heartburn; he is currently taking Prilosec, which does not seem to be helping his symptoms; he has excessive bloating and gas and has problems with consumption of regular milk; and has some constipation. His medical history documents trials of various proton pump inhibitors. Objective findings have included the abdomen is soft but obese; there are areas of tenderness mostly in the epigastric area of moderate degree; also some minimal pain and tenderness on physical

examination of the abdomen on both sides and lower part of the abdomen; and bowel sounds are present. The treatment plan has included the request for upper GI (gastrointestinal) endoscopy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Upper GI Endoscopy: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website [www.hopkinsmedicine.org/healthlibrary/test\\_procedures/gastroenterology/upper\\_gastrointestinal\\_series\\_92.P07701/](http://www.hopkinsmedicine.org/healthlibrary/test_procedures/gastroenterology/upper_gastrointestinal_series_92.P07701/).

**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> Appropriate use of GI endoscopy.

**Decision rationale:** MTUS and ODG Guidelines do not address this issue. Other standard Practice Guidelines address this issue and upper GI endoscopy is recommended when there are persistent GERD symptoms resistant to usual and customary management. It is well documented that this individual's symptoms have persisted and are increasing in spite of trials of various proton pump inhibitors. The upper GI endoscopy is medically necessary.