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| Case Number: | CM15-0185470 | | |
| Date Assigned: | 09/25/2015 | Date of Injury: | 05/26/2011 |
| Decision Date: | 11/10/2015 | UR Denial Date: | 09/04/2015 |
| Priority: | Standard | Application Received: | 09/21/2015 |

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: Arizona, Texas

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 female who sustained an industrial injury on 5-26-2011. A review of medical records indicates the injured worker is being treated for wrist pain, hand pain, numbness and tingling in hands, myalgia, and chronic pain syndrome. Medical record dated 7-28-2015 noted right wrist and right upper extremity pain. She rates her pain an 8 out 10 without medication and a 6 out 10 with medications. Pain was unchanged since her last visit. Physical examination noted diffuse tenderness to palpation with muscle tightness and myofascial restriction. Wrist range of motion showed supination 85 degrees, pronation 80 degrees, extension 80 degrees, flexion 70 degrees, ulnar deviation was 20 degrees, and radial deviation was 15 degrees. Treatment has included Cymbalta for neuropathic pain and depression due to chronic pain, Norco for moderate to severe pain, flexeril for acute flare-ups and muscle spasms, gabapentin for neuropathic pain, and omeprazole for GI upset from her medication. Utilization review form dated 9-4-2015 noncertified gastroenterologist referral for upper and lower endoscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gastroenterologist referral for upper and lower endoscopy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 - Independent Medical Examinations and Consultations, pg 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, General Approach to Initial Assessment and Documentation.

Decision rationale: According to the ACOEM, a referral may be for appropriate if the practitioner is uncomfortable with the line of treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case, the patient is using NSAIDS for chronic pain. There was GI upset with possible bleeding and the patient was seen in the emergency department. It is medically necessary to refer the patient for a gastrointestinal consultation.