

Case Number:	CM15-0193558		
Date Assigned:	10/12/2015	Date of Injury:	02/27/2013
Decision Date:	11/19/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/01/2015

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

Certification(s)/Specialty: Emergency 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 47 year old male, who sustained an industrial injury on 2-27-13. The injured worker is being treated for gastropathy secondary to anti-inflammatory medications, weight loss rule out malignancy and rule out cholelithiasis. Treatment to date has included oral medications including Zantac and Dexilant. On 7-27-15 and 8-31-14, the injured worker complains of reflux symptoms without medications. On 7-27-15 and 8-31-15 physical exam revealed epigastric tenderness. The treatment plan included request for authorization for ultrasound of abdomen and endoscopy along with continuation of Dexilant and Zantac 300mg. On 9-4-15 request for ultrasound of abdomen and endoscopy was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abdominal ultrasound: Overturned

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 Official Disability Guidelines (ODG) Hernia.

Decision rationale: The requested Abdominal ultrasound, is medically necessary. CA MTUS is silent and Official Disability Guidelines, Hernia noted that abdominal ultrasound is recommended only in unusual clinical situations. The injured worker has reflux symptoms without medications. The treating physician has documented epigastric tenderness. The treating physician has documented continued GI symptomatology despite PPI treatment. The criteria noted above having been met, Abdominal ultrasound is medically necessary.

Upper endoscopy: Overturned

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.mayoclinic.org/tests-procedures/endoscopy/basics/definition/PRC-20020363>.

Decision rationale: The requested Upper endoscopy is medically necessary. CA MTUS and Official Disability Guidelines are silent. <http://www.mayoclinic.org/tests-procedures/endoscopy/basics/definition/PRC-20020363> note that this procedure is used to diagnose various GI conditions. The injured worker has reflux symptoms without medications. The treating physician has documented epigastric tenderness. The treating physician has documented continued GI symptomatology despite PPI treatment. The criteria noted above having been met, Upper endoscopy is medically necessary.