MAXIMUS Federal Services

Case Number:	CM15-0196785		
Date Assigned:	10/12/2015	Date of Injury:	09/02/2004
Decision Date:	11/24/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/06/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 48 year old male who reported an industrial injury on 9-2-2004. His diagnoses, and or impressions, were noted to include acute dislocation or tear of medial meniscus, chondromalacia of patella; shoulder impingement syndrome, status-post surgery (2-14-15); lumbar displacement - herniated nucleus pulposus; gastroesophageal reflux disease (GERD); and severe- morbid obesity. Recent magnetic imaging studies of the thoracic spine were done on 6-28-2015, which noted some abnormal findings. His treatments were noted to include a lap band consultation (8-5-15); gastric bypass surgery and associated services agreement (8-19-15); several steroid injections; surgery with physical therapy; medication management; and modified work duties which resulted in his forced resignation from work. The progress notes of 4-22-2015 noted the request for lap band surgery, which was noted, denied on 5- 18-2015. The progress notes of 6-3-2015 reported: continued diffuse pain in both shoulders, both knees and lumbar spine. The objective findings were noted to include: his weight to be close to 400 pounds (said to be 500 pounds on 9-11-2013); no noted gastrointestinal examination; and that he had had an increase in gaining of weight, possibly added to by steroid injections for pain, and that because of his amount of weight (noted between 400 - 500 pounds), he was never going to get better concerning his shoulders or knees, and needed to lose weight. The physician's request for treatments was not noted to include an endoscopy. No medical records provided were noted to include a request for an endoscopy. No request for authorization for endoscopy was noted in the medical records provided. The Utilization Review of 9-2-2015 non-certified the request for an endoscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endoscopy: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The journal Gastrointestinal Endoscopy, Volume 75, No. 6: 2012.

Decision rationale: The current request is for an ENDOSCOPY. Treatments history include a lap band consultation (8-5-15); gastric bypass surgery (8-19-15); several steroid injections; physical therapy; medication management; and modified work duties. The patient remains off work. While MTUS and ODG do not offer specific recommendations for the utilization of upper GI endoscopy, the journal Gastrointestinal Endoscopy, Volume 75, No. 6: 2012 has the following regarding indications for GI endoscopy: "EGD is generally indicated for evaluating: A. Upper abdominal symptoms that persist despite an appropriate trial of therapy. Esophageal reflux symptoms that persist or recur despite appropriate therapy... F. Other diseases in which the presence of upper GI pathology might modify other planned management. Examples include patients who have a history of ulcer or GI bleeding who are scheduled for organ transplantation, long-term anticoagulation or non-steroidal anti-inflammatory drug therapy for arthritis and those with cancer of the head and neck." There is a hand written report from 08/19/15 that is grossly illegible. Per report 07/15/15, the patient presents with diffuse pain in both shoulders, both knees and lumbar spine. The patient's weight is close to 400 pounds (said to be 500 pounds in 2013). His diagnoses include acute dislocation or tear of medial meniscus, chondromalacia of patella, shoulder impingement syndrome, lumbar displacement - herniated nucleus pulposus, gastroesophageal reflux disease (GERD), and severe- morbid obesity. The medical reports do not discuss the request for an endoscopy. The patient's weight was 416.2, and on 08/19/15 underwent a gastric bypass surgery. The patient also suffers from sleep apnea, hypertension and GERD. There is no indication of any previous endoscopy. Although a rationale was not provided for this request, this patient is s/p gastric bypass surgery and suffers from chronic GERD. An endoscopy for further evaluation may be helpful in determining treatment options. This request appears reasonable. Therefore, the request IS medically necessary.