

<b>Case Number:</b>	CM15-0209623		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 51-year-old male who sustained an industrial injury on 7-3-13. The injured worker reported abdominal pain and constipation. A review of the medical records indicates that the injured worker is undergoing treatments for abdominal pain and constipation. Provider documentation dated 8-26-15 noted the injured worker was with "abdominal pain, constipation, and weight fluctuation...recently diagnosed with a hemorrhoid." Treatment has included radiographic studies, magnetic resonance imaging, status post left knee surgery, and status post left shoulder surgery, magnetic resonance imaging, therapy, status post right knee surgery, and Senna. Objective findings dated 8-26-15 were notable for abdomen noted as soft with positive bowel sounds, rectal exam was deferred. The original utilization review (10-8-15) denied a request for Upper GI Series (TSH, AML, LIPS, CMPR, HPYA, CBC), electrocardiogram, abdominal ultrasound and Acu-check.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Upper GI Series (TSH, AML, LIPS, CMPR, HPYA, CBC): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Diagnostic Testing.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines state that: "tests can be used to confirm clinical impressions, rather than purely as screening tests in a 'shotgun' attempt to clarify reasons for unexplained" pain. The medical documentation submitted does not clearly indicate that this patient exhibits signs or symptoms of a rheumatological, immunological or idiopathic inflammatory condition that requires the entire requested lab work. The patient has abdominal pain whose source has failed to present itself on prior medical and radiographic studies. The patient has been diagnosed with hemorrhoids but the provider failed to examine the patient's rectum for an unknown reason. Abdominal and rectal pain requires physical examination prior to "shot-gun" ordering of multiple lab studies. Evidence of anemia (macrocytic or otherwise) is not demonstrated on physical exam. Furthermore, the patient is documented to have no concern for acute electrolyte abnormalities or abnormal liver function, which would indicate the necessity for a CMPR test. Likewise, TSH assesses thyroid function and is not a test for the GI tract. TSH is not warranted for screening purposes without an abnormal T3/T4. Therefore, based on the submitted medical documentation, the request for an Upper GI lab testing series testing is not medically necessary.

**EKG:** 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 Official Disability Guidelines (ODG) Diabetes, Hypertension Treatment.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of an ECG for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. The Occupational Disability Guidelines (ODG) states, "ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary." This patient is 51 years of age. Although the medical records support a history of abdominal and knee pain, he has no documented cardiac history. The patient does not endorse signs or symptoms that are consistent with unstable angina. EKGs are not performed for screening purposes; they should be done for an indication of chest pain or suspected cardiac disease. The medical documentation does not support this indication, therefore, in this clinical situation, an ECG is not warranted. Therefore, based on the submitted medical documentation, the request for ECG testing is not medically necessary.

**Abdominal ultrasound:** 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 Official Disability Guidelines (ODG) Hernia, Imaging.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this test for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of this test. Per ODG, ultrasound for hernias is "Not recommended except in unusual situations. Imaging techniques such as MRI, CT scan, and ultrasound are unnecessary except in unusual situations." This patient has not been documented to have any obvious hernias of the abdominal wall on physical exam. An ultrasound is not recommended in this situation because it is neither diagnostic nor therapeutic. Furthermore, although the medical records reflect that this patient has abdominal pain, the pain is nonspecific and a physical exam did not clearly identify any underlying cause. A rectal exam was also not performed. Without clear signs or symptoms of a specific organ disease in the abdomen, an ultrasound of the abdominal organs is not indicated. Therefore, based on the submitted medical documentation, the request for an abdominal ultrasound is not medically necessary.

**Acu-check:** 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 Official Disability Guidelines (ODG) Diabetes, Glucose Monitoring.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The Official Disability Guidelines (ODG) recommends self-monitoring of blood glucose for people with type I diabetes as well as for those with type 2 diabetes who use insulin therapy, plus long-term assessment, but not continuous glucose monitoring. The current glucose monitoring strategies can be classified into 2 categories; patient self-monitoring, which would allow patient to change behavior (diet or exercise) or medication does (most often insulin), or long term assessment, which allows both the patient and the clinician to evaluate overall glucose control and risk for complications over weeks or months. The medical records support that this patient is a diabetic and takes metformin for his hyperglycemia, however clinical documentation of how well controlled the patient's diabetes is not reflected in the medical record. Accu-check is a brand of monitor including strips and lancets as well as many different types of monitors. The request for accu-check blood glucose testing does not indicate how often it is to be used and if this is for home use or testing. Therefore, based on the submitted medical documentation, the request for an Accucheck is not medically necessary.