

Case Number:	CM15-0211916		
Date Assigned:	11/02/2015	Date of Injury:	08/29/2014
Decision Date:	12/16/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/28/2015

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: 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 20 year old male who sustained an industrial injury on 8-29-14. A review of the medical records indicates he is undergoing treatment for status post left knee arthroscopy on 8-6-15. Medical records (9-18-15 and 10-13-15) indicate that the injured worker complains of left knee pain, right compensatory knee pain, and low back pain. The treating provider indicates "no signs of infection of the left knee" and "no acute distress". The provider indicates that the injured worker complains of instability of the left knee, as well as "generalized abdominal discomfort". The treatment plan includes a request for authorization of a consult with a gastroenterologist to evaluate generalized abdominal discomfort. The utilization review (10-19-15) includes a request for authorization of a consult with a gastroenterologist related to abdominal discomfort. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with Gastroenterologist related to abdominal discomfort as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 page 127.

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

Decision rationale: The initial assessment should screen for findings that could suggest serious pathology. These findings are called red flags and may need an urgent consultation from a physician specially trained in the implicated area of danger. In the case of shoulder pathology, physical exam and history that may indicate such pathology as a septic joint, neurological compromise, or cardiac, or intrabdominal disease may need urgent referral to a specialized consultant. There is no indication from the history of any red flags needing immediate referral to GI. No acute abdominal pain, fever, or hemodynamic instability is noted. No note is made of weight loss, blood in stool, anemia, or any other red flag symptom. Initial treatment should be conservative and symptomatic. Drugs with GI side effects should be screened for. If the symptoms persist or if serious symptoms should present a GI referral would then be appropriate. The request is therefore not medically necessary.