

Case Number:	CM14-0116974		
Date Assigned:	09/16/2014	Date of Injury:	04/13/2011
Decision Date:	10/15/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Philadelphia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52-year-old woman with a date of injury of 04/13/2011. A report b dated 03/31/2014 identified the mechanism of injury as the worker slipped when entering a building and landed on her left side, causing left shoulder and arm pain. Report dated 06/20/2014 indicated the worker was experiencing on-going left shoulder pain with overhead activities and sleeping on the left side, severe stress with depression and anxiety due to pain and functional limitations, weight loss, and abdominal pain. Documented examinations described mid-upper abdominal tenderness, left shoulder and shoulder blade area tenderness, a positive left shoulder impingement sign, positive apprehension testing, and a positive cross arm test. The submitted records concluded the worker was suffering from left shoulder strain with impingement, bursitis, tendonitis, and a history of multiple dislocations; a history of depression and anxiety due to on-going pain; a history of gastritis and abdominal pain; a history of weight loss; and improved problems with sleep. Treatment recommendations included shoulder x-rays, physical therapy, consultation with a psychiatrist and an internal medicine specialist, and an esophagogastroduodenoscopy (EGD).

IMR ISSUES, DECISIONS AND RATIONALES

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

Esophagogastroduodenoscopy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004339> A.D.A.M. Medical Encyclopedia. Title EGD-esophagogastroduodenoscopy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Greenwald DA, et al. Overview of upper gastrointestinal endoscopy. Topic 13928, version 16.0. UpToDate, accessed 10/07/2014. Cohen J, et al. Quality indicators for esophagogastroduodenoscopy. Am J of Gastroenterol. 2006; 101: 886-891.

Decision rationale: The MTUS Guidelines are silent on this issue. An esophagogastroduodenoscopy (EGD) is a procedure that uses a camera to look inside the throat, stomach, and beginning of the small intestine. The literature supports the use of an EGD to evaluate upper abdominal symptoms associated with "alarm" symptoms, such as weight loss, and/or when they occur in people older than age 50 years. While only limited details were recorded, the submitted documentation indicated the 52-year-old worker was experiencing ongoing left shoulder pain, severe stress with depression and anxiety, weight loss, and upper abdominal pain. Report dated 06/20/2014 described tenderness in the mid-upper abdomen. For these reasons, the current request for an esophagogastroduodenoscopy (EGD) is medically necessary.