

Case Number:	CM14-0127097		
Date Assigned:	09/16/2014	Date of Injury:	07/25/2008
Decision Date:	10/16/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/11/2014

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 Family Medicine and is licensed to practice in California. 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 patient is a 59-year-old female who has submitted a claim for Duodenal ulcer, unspecified as acute or chronic, without hemorrhage or perforation, without mention of obstruction associated with an industrial injury date of July 25, 2008. Medical records from 2013 through 2014 were reviewed, which showed that the patient did not complain of abdominal pain or fecal incontinence. No abdominal examination is found from the recent progress notes. There was a past medical history of GERD and GI bleed. Treatment to date has included Nexium 20 mg. Utilization review from August 6, 2014 denied the request for Consultation to Gastroenterology because the patient did not report any acute gastrointestinal symptom and the patient denied abdominal pain and incontinence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation to Gastroenterology: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127, 156

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines referenced by California MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, the patient was referred to a gastroenterologist because of the diagnosis of a duodenal ulcer. Although the patient had a history of GERD and GI bleeding, the patient does not have a recent GI complaint and GI examination was not done. In fact, the patient denied abdominal pain. It is unclear how duodenal ulcer was diagnosed. Given that the patient does not have a current GI complaint based from the records, it is also not clear why a gastroenterology consult is warranted. Therefore, the request for Consultation to Gastroenterology is not medically necessary.