

Case Number:	CM14-0185948		
Date Assigned:	11/13/2014	Date of Injury:	03/29/2011
Decision Date:	12/16/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/07/2014

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 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 injured worker (IW) is a 64-year-old man with a date of injury of March 29, 2011. The mechanism of injury was not documented in the medical record. The IW is status post total hip replacement on December 19, 2011. He has associated symptoms of abdominal pain, acid reflux, and constipation. For the purpose of this review, gastrointestinal (GI) will be addressed. Pursuant to the internal medicine consult report dated August 29, 2014, the IW complains of abdominal pain, acid reflux and constipation. Review of symptoms revealed occasional tinnitus, dry mouth, hypertension (diagnosed in approximately 1994), abdominal pain, acid reflux, constipation, weight loss of approximately 25 pounds, hyperlipidemia, thyroid disease, musculoskeletal pain, rheumatoid arthritis of the right knee, weakness, and insomnia. Physical examination revealed a soft abdomen, and positive bowel sounds. Rectal and genitourinary exam deferred. Cranial nerves II-XII grossly intact. The IW was diagnosed with abdominal pain, acid reflux, and constipation. His industrial injury diagnosis is low back pain with left radiculitis. Current medications include Atenolol, Lisinopril, Levothyroxine, Simvastatin, and Tylenol with codeine, which he has been taking for several years. Treatment plan includes: Labs, EKG, barium enema, upper GI series, abdominal ultrasound, avoid NSAIDs, and follow low-acid/low-fat diet. There is no causal relationship between the symptoms of abdominal pain and reflux and the work injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs (unspecified): 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 <http://www.cancer.ca/en/cancer-information/diagnosis-and-treatment/tests-and-procedures/blood-chemistry-tests/?region=on>

Decision rationale: Pursuant to WebMD, blood tests are not medically necessary. A chemistry screen the blood test that measures level of several substances in the blood such as electrolytes. For additional details of the attached link. In this case, the worker is a 64-year-old that is what injury March 29, 2011. Laboratory tests cannot be approved because there is no information in the medical record as to what labs or to be ordered. Additionally, there is no rationale as to why blood tests are being ordered consequently blood tests are 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 <http://www.aafp.org/afp/2000/0201/p884.html>

Decision rationale: Pursuant to ACC/AHA Guidelines for Ambulatory EKG, EKG (electrocardiogram) is not medically necessary. For guidelines see the attached link. In this case, the injured worker had a right total hip replacement December 19, 2011. He has associated symptoms of the abdominal pain, acid reflux and constipation. The documentation does not reflect a causal relationship of the symptoms to the original injury. The documentation does not contain a rationale to explain the indication for the EKG and consequently, the EKG is not clinically indicated. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, EKG 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 <http://www.nlm.nih.gov/medlineplus/ency/article/003777.htm>

Decision rationale: Pursuant to [REDACTED], abdominal ultrasound is not medically necessary. Abdominal ultrasound is a type of imaging tests. For additional details see the attached link. The injured worker had a right total hip replacement December 19, 2011. He has associated symptom of abdominal pain, acid reflux and constipation. The documentation does not establish a causal relationship between the original work injury and the present symptoms. Additionally, there is no

rationale to explain why the abdominal ultrasound is ordered and looking for. Consequently, the abdominal ultrasound is not medically necessary.

Barium enema: 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

http://www.hopkinsmedicine.org/healthlibrary/test_procedures/gastroenterology/barium_enema_92,P07687/

Decision rationale: Pursuant to [REDACTED], the barium enema is not medically necessary. Barium enema is a radiographic examination of the lower G.I. tract. For additional details see attached link. In this case, the injured worker had a right total hip replacement December 19, 2011. He has associated symptoms of Domino pain, acid reflux and constipation. The documentation does not establish a causal relationship between the original work injury and the present symptoms of abdominal pain, acid reflux and constipation. Additionally there is no rationale to explain what the treating physician is looking for in a barium enema with these present symptoms. Absent the appropriate documentation, the barium enema is not clinically indicated and not medically necessary.

Upper GI series: 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

http://www.hopkinsmedicine.org/healthlibrary/test_procedures/gastroenterology/upper_gastrointestinal_series_92,P07701/

Decision rationale: Pursuant to [REDACTED], the upper G.I. series is not medically necessary. Upper G.I. series is a radiographic examination of the upper G.I. tract. For additional details see attached link. In this case, the injured worker had a right total hip replacement December 19, 2011. He has associated symptoms of abdominal pain, acid reflux and constipation. The documentation does not establish a causal relationship between the original work injury and the present symptoms of abdominal pain, acid reflux and constipation. Additionally there is no rationale to explain what the treating physician is looking for in an upper G.I. series with these present symptoms. Absent the appropriate documentation, the upper G.I. series is not clinically indicated and not medically necessary.