

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0199191 | | |
| Date Assigned: | 12/09/2014 | Date of Injury: | 11/12/2008 |
| Decision Date: | 01/31/2015 | UR Denial Date: | 11/17/2014 |
| Priority: | Standard | Application Received: | 11/28/2014 |

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 General Surgeon, has a subspecialty in Surgery of the Hand and is licensed to practice in Texas. 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:

Patient is a 41-year-old male with an 11/12/08 date of injury. Progress report dated 08/13/14 states the patient presents for medications. Physical exam states that the patient has tenderness and painful range of motion in cervical spine, limited range of motion and positive impingement test in the left shoulder, slightly positive SLR on the right with tenderness and guarding on lumbar spine exam. Reflexes are normal. Diagnosis: Cervical sprain/strain, shoulder impingement syndrome, lumbar spine sprain/strain, hypertension, depressive disorder, gastritis secondary to medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Upper extremity endoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (updated 10/31/14), Arthroscopy

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: American Society for Gastrointestinal Endoscopy, Role of endoscopy in the management of GERD, Volume 66, No. 2: 2007:
<http://www.asge.org/assets/0/71542/71544/39A574DC-1EA9-4175-BE3D-8E21E5EA764F.pdf>

Decision rationale: Per guideline: "The indications for EGD [esophagogastroduodenoscopy] in patients with GERD [gastroesophageal reflux disease] are listed in Table 2. Endoscopy should also be considered in the evaluation and management of patients with suspected extra-esophageal manifestations of GERD who present with symptoms such as choking, coughing, and hoarseness.¹⁴ Additionally, EGD may be necessary for the detection or exclusion of erosive esophagitis, peptic strictures, esophageal cancer, gastric outlet obstruction, and other potentially significant upper-GI tract findings. It has been proposed that a baseline EGD should be performed in patients with GERD requiring continuous acid-suppressive therapy, especially after recurrence of symptoms upon withdrawal of successful medical therapy."TABLE 2. Indications for endoscopy in patients with GERD:GERD symptoms that are persistent or progressive despite appropriate medical therapyDysphagia or odynophagiaInvoluntary weight loss O5%Evidence of GI bleeding or anemiaFinding of a mass, stricture, or ulcer on imaging studiesEvaluation of patients with suspected extra-esophageal manifestations of GERD"The review of records indicates that the request is in fact not for "upper extremity endoscopy", but for "upper endoscopy". However, the records do not contain clinical evidence to substantiate this request. No subjective complaints or objective exam findings have been described to necessitate an upper endoscopy in this patient. The request is not medically necessary.