

<b>Case Number:</b>	CM14-0206338		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	04/04/2014
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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. 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: Maryland, District of Columbia  
 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 employee was a 33 year old female who sustained an industrial injury on 04/04/14 when a piece of wood got caught in the saw disk while using an electric saw, causing the right hand to jerk upward against the saw blade. The claimant suffered a laceration from the dorsum of the right middle finger MCP joint to the upper part of the hand third CMC area. She was status post right hand tendon repair on April 9, 2014. According to the note from 11/10/14, subjective complaints were gastrointestinal symptoms that resurfaced after the injury due to pain medications. She had burning sensation at the pit of her stomach with frequent reflux up to her throat. She had been prescribed Prilosec without relief. Pertinent examination findings included epigastric tenderness. Diagnosis was GERD aggravated by the industrial injury. The request was for upper GI series. The progress report from July 2014 also included GI upset without improvement after Prilosec. Symptoms were worse after medications and meals.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 Other Medical Treatment Guideline or Medical Evidence: <http://www.uptodate.com/contents/clinical-manifestations-and-diagnosis-of-gastroesophageal-reflux-in-adults?source=machineLearning&search=gastroesophageal+reflux+barium&selectedTitle=2~150&sectionRank=1&anchor=H6#H6> <http://gi.org/guideline/diagnosis-and-managemen-of-gastroesophageal-reflux-disease/>

**Decision rationale:** The employee was a 33 year old female who sustained an industrial injury on 04/04/14 when a piece of wood got caught in the saw disk while using an electric saw, causing the right hand to jerk upward against the saw blade. The claimant suffered a laceration from the dorsum of the right middle finger MCP joint to the upper part of the hand third CMC area. She was status post right hand tendon repair on April 9, 2014. According to the note from 11/10/14, subjective complaints were gastrointestinal symptoms that resurfaced after the injury due to pain medications. She had burning sensation at the pit of her stomach with frequent reflux up to her throat. She had been prescribed Prilosec without relief. Pertinent examination findings included epigastric tenderness. Diagnosis was GERD aggravated by the industrial injury. The request was for upper GI series. The progress report from July 2014 also included GI upset without improvement after Prilosec. Symptoms were worse after medications and meals. According to American Gastroenterology Association guidelines, Barium radiographs should not be performed to diagnose GERD. According to the Uptodate article on clinical manifestations and diagnosis of GERD in adults, the goal of additional testing is to confirm the diagnosis of GERD in patients refractory to therapy, assess for complications of GERD or to establish alternative diagnoses. An endoscopy with biopsy should be done at presentation for patients with an esophageal GERD syndrome with troublesome dysphagia and to evaluate patients with suspected GERD syndrome not responding to an empirical trial of twice daily PPI therapy. Other potentially useful tests are ambulatory pH monitoring and manometry. The employee had vague GI discomfort without improvement on once daily Prilosec. An upper GI series is not recommended based on this. The request for upper GI series for GI upset without other red flag symptoms is not medically necessary or appropriate.