

Case Number:	CM14-0034952		
Date Assigned:	06/23/2014	Date of Injury:	03/07/2009
Decision Date:	03/02/2015	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/20/2014

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: Pennsylvania
 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 injured worker is a 63 year old female who sustained a work related injury on 03/07/2009. The mechanism of injury was not specified. Work status was documented at permanent and stationary as of 10/3/11. Per the physician notes from 02/04/14 she states her gastroesophageal reflux symptoms are under control with medications. Her blood pressure and diabetes are well controlled. Diagnoses include gastroesophageal reflux, hypertension, hyperlipidemia, diabetes, diabetic neuropathy, and sleep disorder. Also listed are post-traumatic headaches and psychiatric complaints. Medication include Metformin, Glipizide, Aspirin, Victoza, Lotensin, Caduet, and Lyrica. Examination showed the abdomen to be soft with normoactive bowel sounds and no tenderness or guarding. Laboratory testing from 1/13/14 was noted to show elevated glucose, hemoglobin A1C, and urine microalbumin. The treating physician recommended a gastroenterology (GI) consultation to address urine microalbumin, and an ophthalmology consultation to rule out end-organ damage secondary to diabetes mellitus. Utilization Review denied the GI consultation on 02/20/14, citing the ODG and noting that there were no signs or symptoms of GI distress, and this treatment was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

GI consultation to address urine microalbumin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes Chapter, Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diabetes chapter: office visits

Decision rationale: Per the ODG, office visits are recommended as determined to be medically necessary, based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The physician documentation notes the indication for the GI consultation to be the urine microalbumin, however the diagnosis code listed on the request for independent medical review is 530.8 (disorder of esophagus). Urine microalbumin is a determination of increased urinary protein excretion, which may be an early manifestation of diabetic nephropathy. An appropriate consultant to address nephropathy would be a nephrologist, rather than a gastroenterologist. The physician documentation notes a diagnosis of gastroesophageal reflux disease (GERD) and states that GERD symptoms are under control with medications. The progress note documented a normal abdominal examination. Due to lack of gastrointestinal signs or symptoms, the request for GI consult is not medically necessary.