

Case Number:	CM14-0055894		
Date Assigned:	06/16/2014	Date of Injury:	01/08/2008
Decision Date:	01/27/2015	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/07/2014

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 Preventive 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:

According to the records made available for review, this is a 30-year-old male with a 1/8/08 date of injury, and fourthmetatarsal osteotomy on 7/11/13. At the time (1/30/14) of request for authorization for upper endoscopy, there is documentation of subjective (daily vomiting and weight loss) and objective (alodynia and hypalgesia of the foot, right foot colder than left, and right calf atrophy) findings, current diagnoses (vomiting of unknown etiology), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Upper Endoscopy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin.

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://s3.gi.org/media/QualityEGD.pdf> and http://www.guideline.gov/summary/summary.aspx?doc_id=9306&nbr=004976&string.

Decision rationale: MTUS and ODG do not address the issue. Medical Treatment Guideline identifies documentation of a diagnosis/condition (with supportive subjective/objective findings)

for which an upper endoscopy is indicated (such as: upper abdominal symptoms that persist despite an appropriate trial of therapy; upper abdominal symptoms associated with other symptoms or signs suggesting serious organic disease (anorexia, weight loss) or patients >45 years old; dysphagia or odynophagia; esophageal reflux symptoms that are persistent or recurrent despite appropriate therapy; persistent vomiting of unknown etiology; family adenomatous polyposis syndromes; for confirmation and specific histologic diagnosis of radiologically demonstrated lesions; GI bleeding; when sampling of tissue or fluid is indicated; in patients with suspected portal hypertension to document or treat esophageal varices; to assess acute injury after caustic ingestion; treatment of bleeding lesions such as ulcers, tumor, vascular abnormalities; banding or sclerotherapy for varices; removal of foreign bodies; removal of selected polypoid lesions; placement of feeding or drainage tubes; dilatation of stenotic lesions; management of achalasia; palliative treatment of stenosing neoplasms; and/or patients with chronic GERD at risk for Barrett's esophagus), as criteria necessary to support the medical necessity of EGD. Within the medical information available for review, there is documentation of a diagnosis of vomiting of unknown etiology. In addition, given documentation of subjective (daily vomiting and weight loss) findings, there is documentation of a diagnosis/condition for which an upper endoscopy is indicated (upper abdominal symptoms associated with other symptoms or signs suggesting serious organic disease (weight loss) and persistent vomiting of unknown etiology). Therefore, based on guidelines and a review of the evidence, the request for upper endoscopy is medically necessary.