

Case Number:	CM15-0102687		
Date Assigned:	06/05/2015	Date of Injury:	02/06/2011
Decision Date:	07/03/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/28/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 64 year old female, who sustained an industrial injury on 2/06/2001. The injured worker was diagnosed as having dysphagia, altered bowel habits, abdominal pains, and multiple work related problems. Treatment to date has included diagnostics. Currently (4/28/2015), the injured worker complains of dysphagia and progressive constipation with altered bowel habits. Physical exam noted a clear throat, no palpable neck mass, and a soft abdomen without organomegaly. She was currently not working. The progress report (3/18/2015) referenced a swallowing evaluation with mostly negative results. A pending report from her gastrointestinal physician was pending from 2/24/2015. Current medication regime was not noted, but did include Valium, topical cream, and Neurontin. The treatment plan included colonoscopy and EGD (esophagogastrroduodenoscopy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Colonoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/8316919>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date: Screening for colorectal cancer: Strategies in patients at average risk.

Decision rationale: This 64 year old woman has a history of altered bowel habits and constipation. Her physical exam showed a soft abdomen with no organomegaly. At issue in this review is a colonoscopy. Though guidelines support screening for colorectal cancer beginning at age 50, this injured worker does not have documented risk factors. The rationale for a colonoscopy due to symptoms of constipation and altered bowel habits is not documented. The medical necessity of a colonoscopy is not substantiated in the records. The request is not medically necessary.