

Case Number:	CM15-0015399		
Date Assigned:	02/04/2015	Date of Injury:	01/19/2012
Decision Date:	06/01/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/27/2015

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: Texas, Arizona
Certification(s)/Specialty: Surgery, Plastic Surgery

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 27-year-old male who reported an injury on 01/21/2012, due to an unspecified mechanism of injury. On 11/26/2014, he presented for an evaluation regarding his work related injury. He reported low back pain and discomfort, as well as right knee pain. On examination, the right knee showed a positive McMurray's. There was tenderness to palpation as well, with flexion at 110 and extension at 0. The lumbar spine showed tenderness to palpation with spasm and guarding. He had a positive straight leg raise, positive Kemp's in the bilateral lower extremities, and decreased active range of motion. It should be noted that the document provided was handwritten and illegible. A request was made for a colonoscopy.

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/pmc/articles>.

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.gastrohep.com/ebooks/ebook.asp?book=1405120800&id=2>.

Decision rationale: The requested colonoscopy is not supported. The CA MTUS/ACOEM/the Official Disability Guidelines do not address colonoscopies. Therefore, outside sources were used. GastroHEP.com states that specific indications for a colonoscopy include bleeding, abdominal pain, and constipation, chronic diarrhea, abnormal radiographs or sigmoidoscopy, established ulcerative colitis, established Crohn's disease, surveillance after colonoscopic polypectomy, surveillance after cancer resection, screening for average risk subjects, and other miscellaneous indications, including decompression of an acute colonic pseudo obstruction. The documentation submitted for review does not indicate a clear rationale for the medical necessity of colonoscopy. The injured worker was not noted to have any of the indications that would support the requested intervention/procedure. Without this, the request would not be supported. As such, the request is not medically necessary.