

Case Number:	CM15-0016028		
Date Assigned:	02/04/2015	Date of Injury:	02/06/2004
Decision Date:	03/27/2015	UR Denial Date:	01/01/2015
Priority:	Standard	Application Received:	01/28/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old male who sustained an industrial injury on 02/06/2004. Diagnoses include history right leg injury and surgery, history of deep vein thrombosis of the right lower extremity with chronic thrombus formation, and probable gastroesophageal reflux disease. Treatment to date has included anticoagulant therapy. A physician progress note dated 12/01/2014 documents the injured worker complains of swelling of the right lower extremity with standing. He continues on anticoagulant therapy. He also complains of epigastric burning. He consumes a lot of spicy foods. Treatment requested is for Helicobacter Pylori Study, and a referral to a vascular surgeon. On 01/01/2015 Utilization Review non-certified the request for Helicobacter Pylori Study, and cited was alternate guidelines were consulted. Katz PO, Gerson LB, Vela MR. Guidelines for the diagnosis and management of gastroesophageal reflux disease. AM J Gastroenterol. 2013 Mar; 108(3):308-328. On 01/01/2015 Utilization Review non-certified the request for a referral to a vascular surgeon, and cited was Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to A Vascular Surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

Decision rationale: This patient presents with right leg and DVT. The treater is requesting a REFERRAL TO A VASCULAR SURGEON. The RFA dated 12/23/2014 shows a request for a referral to vascular surgeon. The patient's date of injury is from 02/06/2004 and his current work status is temporarily totally disabled. The ACOEM Guidelines page 127 states that a health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain and course of care may benefit from additional expertise. The 12/01/2014 report shows that the patient was placed on anticoagulants for deep venous thrombosis. He has been on anticoagulant therapy for eight years. The ultrasound of the right duplex lower extremity vein from 09/16/2014 shows non-occlusive chronic thrombus in the right femoral vein mid and inferior aspects with collateral vessels. The treater would like the patient to see a vascular surgeon to evaluate if he still needs long-term anticoagulant therapy and what other alternative treatments can be provided. In this case, a referral to a vascular surgeon is appropriate. The request IS medically necessary.

Helicobacter Pylori Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna guidelines on Helicobacter Pylori Infection Testing

Decision rationale: This patient presents with right leg and DVT. The treater is requesting a HELICOBACTER PYLORI STUDY. The RFA dated 12/23/2014 only shows a request for a referral to vascular surgeon. The patient's date of injury is from 02/06/2004 and his current work status is temporarily totally disabled. The MTUS, ACOEM ODG guidelines do not address this request. However, Aetna guidelines on Helicobacter pylori infection testing considers stool antigen testing medically necessary in select persons who meet the following criteria: patients with persistent symptoms of dyspepsia, recurrent this peptic symptoms and for reevaluation of patients to assess eradication of H pylori infection. The 08/04/2014 lab report shows a negative Helicobacter pylori test. The 12/01/2014 report shows that the patient reports epigastric burning and history of GERD. There is no discussion as to why the treater is requesting Helicobacter pylori study. The examination does not discuss possible infection. In this case, the patient does not meet the AETNA guidelines for a Helicobacter pylori study. The request IS NOT medically necessary.

