

Case Number:	CM15-0121065		
Date Assigned:	07/08/2015	Date of Injury:	12/27/2013
Decision Date:	08/05/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/23/2015

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, Indiana, New York
 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 24-year-old female, who sustained an industrial injury on 12/27/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical spine sprain/strain with the left greater than the right along with radiculitis rule out herniated nucleus pulposus; bilateral shoulder sprain/strain with the left greater than the right with impingement syndrome, and tendinosis; and bilateral wrist sprain/strain with bilateral carpal tunnel syndrome. The documentation provided from 03/31/2015 also listed associated diagnoses of history of gastric bypass, fatty liver, and gastrointestinal upset with medications. Treatment and diagnostic studies to date has included electromyogram with nerve conduction study, magnetic resonance imaging of the cervical spine, ultrasound of the abdomen, acupuncture, medication regimen, x-rays of the left shoulder, magnetic resonance imaging of the left shoulder, chiropractic therapy, physical therapy, and cortisone injection to the right carpal tunnel region. In a progress note dated 03/31/2015 the treating physician reports complaints of the pain to the left shoulder and the cervical spine, with associated symptoms of numbness and tingling to the bilateral hands. Examination reveals gastritis, sleep disturbance, guarding of the left arm, an antalgic gait, tenderness to the cervical spine, tenderness to the left shoulder, tenderness to the bilateral wrists, and decreased range of motion to the cervical spine and left shoulder. The injured worker's pain level is rated a 6 to 7 out of 10 to the left shoulder and a 5 out of 10 to the cervical spine. Ultrasound of the abdomen performed on 04/15/2015 was noted to be unremarkable. The treating physician requested a consultation with a gastroenterologist for gastroesophageal reflux disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Gastroenterologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7, Page 127.

Decision rationale: Pursuant to the ACOEM, consult with gastroenterologist is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates; for certain, antibiotics require close monitoring. In this case, the injured worker's working diagnoses are status post work-related injury; orthopedic diagnosis deferred to primary treating provider; gastroesophageal reflux disease secondary distress; anemia/history of gastric bypass surgery nonindustrial; and history of elevated liver function test secondary to acetaminophen, now normal. The date of injury is December 27, 2013. The request for authorization is dated April 22, 2015. There were no contemporary progress notes by a specific requesting provider for the gastrointestinal consultation. [REDACTED] and been providing orthopedic services to the injured worker. According to an Internal Medicine Permanent and Stationary Legal Report dated May 19, 2015, the injured worker is feeling well and denies abdominal pain, nausea vomiting, melena or bright red blood per rectum. The gastroesophageal reflux disease is under control with proton pump inhibitors. The gastric bypass and anemia are being followed by the injured worker's primary care provider (nonindustrial). Documentation in the internal medicine May 19th 2015 progress note states ultrasound of the abdomen was unremarkable, stool for occult blood was negative and hepatic function panel was normal. There is no clinical indication or rationale for a gastroenterology consultation. The documentation further states the injured worker requested the treating provider canceled the G.I. consultation because she feels well from the gastrointestinal standpoint at this time. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and the injured worker's request to cancel the gastrointestinal consultation, consult with gastroenterologist is not medically necessary.