

Case Number:	CM15-0125922		
Date Assigned:	07/10/2015	Date of Injury:	11/30/2010
Decision Date:	08/11/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	06/30/2015

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: Emergency 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 49-year-old female, who sustained an industrial injury on 11/30/10. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included physical therapy, medication, home exercise program, surgery and laboratory tests. Currently, the injured worker complains of persistent diarrhea, which she experiences after eating meals. The injured worker is diagnosed with hyperlipidemia, abnormal glucose, joint pain leg, asthma with status asthmaticus, cholecystitis, angioneurotic edema, hypertension, anemia, osteoarthritis, abnormal liver functions, esophageal reflux, acute renal failure, diabetes complications, rheumatoid arthritis and, tachycardia. The injured worker's work status was not included in the documentation. A note dated 6/18/15 reveals no abnormalities on physical examination. The note states a stool sample for clostridium difficile was negative. A note dated 4/24/15 states the injured worker reports she experiences an upset stomach all the time. A request for a gastroenterologist consultation for persistent diarrhea is sought to further investigate the injured workers symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with gastroenterologist for persistent diarrhea: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National guideline clearinghouse - World gastroenterology organization global guideline.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aliment Pharmacol Ther. 2003 Apr 1; 17 (7):871-80.

Decision rationale: The patient is a 49-year-old female who sustained an injury in November of 2010. She has subsequently has developed diarrhea after meals which was documented on evaluation on 6/18/2015. There were no fevers, chills, or nausea/vomiting noted. Testing included a C. Diff stool culture, which was negative, and a complete blood count and basic metabolic panel were ordered. The etiology of her symptoms have not been determined, and due to persistent symptoms, this warrants further investigation. The evaluation notes are limited but a gastroenterology consultation would be a reasonable next step, as further evaluation measures could include an endoscopy and colonoscopy potentially. As such, the request is medically necessary.