MAXIMUS Federal Services

Case Number:	CM15-0074908		
Date Assigned:	04/24/2015	Date of Injury:	12/08/2008
Decision Date:	05/27/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/20/2015

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: Arizona, Texas
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 62 year old male with an industrial injury dated December 8, 2008. The injured worker's diagnoses include status post mechanical fall with positive left shoulder contusion in July 2013, status post pancreatitis, abdominal pain, constipation/diarrhea, gastroesophageal reflux secondary to NSAIDs, dysphagia, history of obesity and weight loss. Treatment consisted of accu-check blood glucose test, prescribed medications and periodic follow up visits. In a progress note dated 3/04/2015, the injured worker reported improved abdominal pain with no change in dizziness, gastroesophageal reflux symptoms, constipation or diarrhea. Physical exam revealed soft abdomen with normoactive bowel sounds. The treating physician prescribed services for Labs-gastrointestinal profile, diabetes profiles, hypertension profile and urinalysis and gastrointestinal consultation now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs-GI profile, DM profiles, HTN profile and UA: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.com. Diagnostic approach to abdominal pain in adults. Uptodate.com. Approach to the patient with Diabetes mellitus.

Decision rationale: The MTUS is silent regarding the use of GI profile, DM profile and HTN profile and UA. According to uptodate.com the approach to the adult with abdominal pain should contain basic laboratory studies such as: Electrolytes, with calculation of an anion gapBUN, creatinine, blood glucose Calcium. Complete blood count with differential. Furthermore the patient has newly diagnosed diabetes based on a HgbA1c of 6.6% on 12/10/14. The A1c should be rechecked to confirm the diagnosis of diabetes. In this case the progress note dated 3/4/15 addresses the diagnosis of abdominal pain, newly diagnosed diabetes and hyperlipidemia. The lab work requested is medically necessary for the evaluation of these medical conditions.

GI Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

Decision rationale: Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the 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 medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case the patient complains of abdominal pain. The documentation doesn't note if this is chronic or acute. Lab work has been ordered but the results are not available for review. There are no red flag symptoms or high risk medications taken by the patient. The exam is unremarkable. The need for specialist consultation for abdominal pain is not supported by the documentation. The request is not medically necessary.