

Case Number:	CM13-0059026		
Date Assigned:	12/30/2013	Date of Injury:	04/06/2010
Decision Date:	08/28/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/25/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow, bilateral wrists, hip, bilateral knees, ankle, and foot pain reportedly associated with an industrial injury of April 6, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier shoulder surgery in 2012; and unspecified amounts of physical therapy. In a Utilization Review Report dated November 7, 2013, the claims administrator denied a request for a urology consultation, citing illegible documentation on the part of the attending provider. The claims administrator did not incorporate cited non-MTUS Chapter 7, ACOEM Guidelines into its rationale. The claims administrator, it is further noted, mislabeled Chapter 7 ACOEM Guidelines as originating from the MTUS. The applicant's attorney subsequently appealed. In an October 16, 2012 permanent and stationary report, the applicant was described as a former housekeeper. The applicant was given diagnoses of allergic rhinitis, postnasal drip, and NSAID-induced Gastrophathy. The applicant was given a 10% whole person impairment rating, all of which was attributed to the industrial injury. In a February 26, 2014 progress note, the applicant was given diagnoses of chronic neck pain and bilateral carpal tunnel syndrome. The note employed preprinted checkboxes and contained almost little or no narrative commentary. The applicant was placed off of work, on total temporary disability, for an additional six months. In an Internal Medicine report of February 6, 2014, the applicant was given diagnoses of NSAID-induced gastritis, gastro esophageal reflux disease, and allergic rhinitis. There was no mention of any urologic issues evident on this date. In an earlier note of January 20, 2014, sparse, handwritten, difficult to follow, not entirely legible, the applicant again presented with multifocal neck, upper back, lower back, elbow, shoulder, hand, and forearm pain. Authorization was sought for consultation with numerous

providers in numerous specialties, including neurology, internal medicine, urology, spine surgery, and pain management. No rationale for the same was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urology consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: While page 1 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider (PTP) to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary, in this case, however, no clear urologic issues have been identified which have proven recalcitrant to conservative management. No rationale for the consultation in question was provided. It does not appear that the applicant has any urologic symptoms such as urinary incontinence, sexual dysfunction, etc., which might warrant the added expertise of an urologist. Again, the attending provider's documentation contained little or no narrative commentary, did not include any rationale for the consultation in question, made no mention of any urologic symptoms, and comprised almost solely of preprinted checkboxes. Therefore, the request is not medically necessary.