MAXIMUS Federal Services

Case Number:	CM13-0065718		
Date Assigned:	01/03/2014	Date of Injury:	09/01/2009
Decision Date:	05/19/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/13/2013

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 Internal Medicine, Pulmonary Diseases 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 injured worker is a 38-year-old male who reported an injury on 09/01/2009. The mechanism of injury was not stated. Current diagnoses include spinal fusion, knee arthroscopy, shoulder repair, and carpal tunnel syndrome. The injured worker was evaluated on 11/06/2013. The injured worker reported intermittent loss of bladder control. Physical examination revealed an altered gait, crepitus with range of motion of the right knee, and positive McMurray's testing. Treatment recommendations included a urology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

UROLOGY CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Chapter 7: Independent Medical Examinations And Consultations, Page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed

recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker does report intermittent loss of bladder control. However, the injured worker is also status post spinal surgery. There is no documentation of a progression or worsening of urinary incontinence or bowel symptoms that would warrant the need for a urology consultation. While the injured worker may meet criteria for a neurologic consultation to address intermittent incontinence following surgery, the medical necessity for a urology consultation at this time has not been established. Therefore, the request is not medically necessary.