

Case Number:	CM13-0066900		
Date Assigned:	01/03/2014	Date of Injury:	10/03/2002
Decision Date:	05/19/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/17/2013

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 patient is an employee of [REDACTED] and has submitted a claim for bilateral leg crush injury with an industrial injury date of October 3, 2002. Treatment to date has included medications, lumbar epidural injections, rhizotomy, and above knee amputation of the left leg. Utilization review from December 2, 2013 denied the request for cystoscopy with retrograde because she was symptom free and the industrial relationship of the development of recurrent kidney stones was questioned. Medical records from 2013 were reviewed, which showed that the patient suffered a bilateral leg crush injury and since then complained of chronic pain particularly in the left leg stump. The patient also complained of recurrent urinary tract infections and kidney stones but recently has not had any episodes of infection. However, she continued to have occasional urinary frequency and urge and stress incontinence. She also reported right flank pain radiating to her abdomen. Physical examination is "essentially unchanged." A urinalysis dated June 2013 showed negative glucose, ketones, nitrites, blood, leukocytes, and protein, with a normal protein to creatinine ratio. There was no white blood or red blood cells per high power field. A renal ultrasound dated June 2013 showed right renal calculi and no hydronephrosis bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYSTOSCOPY WITH RETROGRADE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medlineplus 27 Oct. 2004, National Library of Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gilbert, Scott M. Cystoscopy. Medlineplus. 27 Oct. 2004. National Library of Medicine. 20 may 2005
<http://www.nlm.nih.gov/medlineplus/ency/article/003903.htm>.

Decision rationale: CA MTUS does not address cystoscopy; however, according to the National Library of Medicine, cystoscopy is a diagnostic procedure for diagnosis of a number of abnormalities of the urinary tract including hematuria, urinary incontinence, urinary retention, hydronephrosis, benign prostatic hypertrophy, suspected genitourinary tract cancer, urinary tract stones, strictures, hemorrhagic cystitis, infection, fistula, and interstitial cystitis. While cystoscopy is generally a diagnostic procedure, it may also be performed for therapeutic purposes, such as stone removal, electrocauterization of bleeders, dilation of strictures, and tumor resection. In this case, although the patient previously had recurrent episodes of urinary tract infection and stones, the medical records show that the patient is already symptom free. In addition, there was no discussion whether cystoscopy was to be done as either a diagnostic or a therapeutic tool. The records show that urinalysis was normal while ultrasound showed findings of renal calculi. Hence, cystoscopy as a diagnostic tool is no longer warranted because the previous tests have already provided diagnostic findings. Furthermore, the request for "cystoscopy and retrograde" seems incomplete and there is no discussion regarding the need for this request. Therefore, the request for cystoscopy with retrograde is not medically necessary.