

<b>Case Number:</b>	CM14-0111758		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/03/2009
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Family Medicine and is licensed to practice in Texas and Georgia. 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 53-year-old female who reported an injury on 03/03/2009. However, the mechanism of injury was not stated. Current diagnoses include; voiding dysfunction and urinary stress incontinence. The latest physician progress reported submitted for this review is documented on 05/19/2014. The injured worker presented for a postoperative followup office visit. It is noted that the injured worker underwent pelvic organ prolapse repair and placement of pubovaginal sling to correct stress urinary incontinence on 04/18/2014. The injured worker reported improved voiding function with less frequency and urgency. Physical examination revealed no abnormal physical findings. Treatment recommendations at that time included instructions on bladder hygiene following surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cystoscopy between 7/3/2014 through 8/17/2014:** 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 [www.nlm.nih.gov](http://www.nlm.nih.gov). U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 15 Aug 2014. Cystoscopy is a procedure to see the inside of the bladder and urethra using a

telescope. Why the test is performed:-Check for cancer of the bladder or urethra-Diagnose and evaluate urinary tract disorders-Diagnose repeated bladder infections-Help determine the cause of pain during urination.

**Decision rationale:** According to the US National Library of Medicine, "A cystoscopy is a procedure that may be performed to check for cancer of the bladder or urethra, to diagnosis and evaluate urinary tract disorders, to diagnosis repeated bladder infections, or to help determine the cause of pain during urination." As per the documentation submitted, the injured worker underwent surgical intervention for pelvic organ prolapse repair and placement of a pubovaginal sling on 04/18/2014. The injured worker reported a significant improvement in symptoms. However, there is no documentation of urinary tract disorder, repeated bladder infection, or painful urination. There is also no indication of the suspicion for cancer of the bladder or urethra. The medical necessity for the requested procedure has not been established. As such, the request is considered not medically necessary.