MAXIMUS Federal Services

Case Number:	CM14-0126514		
Date Assigned:	08/13/2014	Date of Injury:	08/11/2010
Decision Date:	10/30/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	08/08/2014

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 Internal 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 a 52 year old male who was injured on August 11, 2010 when he stepped into a trap with his right foot and his left foot slipped out from under him. His medication history included ibuprofen and cortisone injection. The patient underwent left shoulder arthroscopy in 05/2013. Progress report dated May 23, 2014 indicated the patient presented with complaints ofconstant low back pain radiating to left leg associated with cramping; and also he hasright wrist pain. He reported difficulty with griping and lifting. Objective findings duringexamination revealed positive lumbar spasm and the right wrist with positive tenderness. The patient was diagnosed with left shoulder impingement syndrome lumbar strain and sprain and he was recommended Urology consultation for urogenital problems. Prior utilization review dated September June 30, 2014 indicated the request for urological consultation is denied as it is not a work-related request.

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: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7 Independent Medical Examinations and Consultations pages 503-524

Decision rationale: The guidelines recommend follow up visits and consultations as deemed necessary by the treating physician. The clinical documents should clearly identify the indication for referral to a specialist. The clinical documents provided did not discuss the indication for Urology referral. The patient's subjective/objective urogenital findings were not discussed in sufficient detail. It is not clear why a Urology consultation is being requested at this time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.