

Case Number:	CM14-0043595		
Date Assigned:	07/02/2014	Date of Injury:	08/14/2004
Decision Date:	08/26/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/10/2014

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, has a subspecialty in Hospice and Palliative Medicine, and is licensed to practice in Pennsylvania. 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 48-year-old gentleman with a date of injury of 08/14/2004. The submitted and reviewed documentation did not identify the mechanism of injury. Office visit notes by [REDACTED] dated 01/13/2014 and 02/13/2014, by [REDACTED] dated 01/14/2014, and by [REDACTED] dated 09/26/2013 and 02/18/2014 indicated the worker was experiencing back pain that went into his legs, abdominal pain, knee pain, blurry vision, rectal bleeding, testicular pain, erectile dysfunction, urinating too often, and poor bladder control. Documented examinations consistently showed generally normal blood pressure and heart rate, testicular tenderness, back spasm and tenderness, and knee tenderness. [REDACTED] notes dated 09/26/2013 and 02/18/2014 described a normal evaluation of the urine and complex uroflow showed respectively a void of 181mL and 90mL with a maximum rate of 17.1mL/second and 13.6mL/second. An echocardiogram report by [REDACTED] dated 01/14/2014 was generally normal. The submitted and reviewed documentation concluded the worker was suffering from gastropathy, high blood pressure, high cholesterol, tinnitus, headaches, sexual dysfunction, a blocked airway at night, periodontal disease, recurrent left leg radiculopathy, lumbar strain/sprain and bulging discs, testicular pain, urge and stress urine incontinence with a large capacity bladder, and neurogenic bladder. Recommended treatment included oral and topical medications, physical therapy, urinary drug screen testing, specialist consultations, conservative management for the testicular pain, a voiding diary, and a procedure to look inside the bladder and lower urine tract. A Utilization Review decision by [REDACTED] was rendered on 03/28/2014 recommending non-certification for pre-operative clearance. A report by [REDACTED] dated 04/07/2014 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pre-operative clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules: California Official medical Fee Schedule: pages 92-93.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Smetana GW, et al. Preoperative medical evaluation of the healthy patient. Topic 4816, version 36.0. UpToDate, accessed 08/21/2014. Fleisher LA, et al. Perioperative cardiovascular evaluation and care for noncardiac surgery. Circulation; 116: e418-e500. Smetana GW, et al. Evaluation of preoperative pulmonary risk. Topic 6917, version 18.0. UpToDate, accessed 08/21/2014.

Decision rationale: The MTUS Guidelines are silent on this issue. The literature supports the use of a specialist preoperative evaluation for those who are more likely to have an increased risk of potential complications, such as an age of at least 50 years or a blocked airway with sleep. The submitted and reviewed documentation suggested the planned procedure was a cystoscopy, to look inside the bladder and lower urinary tract, with the use of sedation. An office visit note by [REDACTED] dated 01/13/2014 concluded the worker had a blocked airway at night, although details were not reported. In addition, the worker's age (48 years) was rather close to 50 years. In the light of these issues, the current request for pre-operative clearance is medically necessary.