MAXIMUS Federal Services

Case Number:	CM14-0055607		
Date Assigned:	07/09/2014	Date of Injury:	05/25/2011
Decision Date:	09/08/2014	UR Denial Date:	04/12/2014
Priority:	Standard	Application Received:	04/24/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 35 year old male who sustained an injury to his bladder on 05/25/11 after a 20 to 30 foot fall. The records indicate on 10/04/13 the injured worker was diagnosed with a urinary tract infection and was started on Bactrim. Subsequent culture came back with Escherichia coli (E. coli) resistant to Bactrim, so his medication was changed to Cipro. Ditropan was given to help with leaking. On 01/24/14, he was again diagnosed with a urinary tract infection. He had chills and leaking and was given Cipro for five additional days. The clinical note dated 03/04/14 he continued to have leaking and his urine was rechecked. He was restarted on Bactrim for ten days. The injured worker is wheelchair bound, paraplegic, and empties his bladder by intermittent catheterization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro-Uroflowmetry First: 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 Other Medical Treatment Guideline or Medical Evidence: Current Medical Diagnosis and Treatment, 2012.Goroll A.H. Primary Care Medicine, 7th ed. ISBN/ISSN: 9781451151497.

Decision rationale: The previous request was denied on the basis that the previous reviewer failed to see how the request, irrespective of the result, would alter the injured worker urologic treatment. There was no indication that the injured worker has undergone urologic examination and testing prior to the request. After reviewing the submitted documentation, there was no additional significant objective clinical information provided for review that would support reversing the previous adverse determination. Given this, the request for Electro Uroflowmetry First is not indicated as medically necessary.