MAXIMUS Federal Services

Case Number:	CM14-0085783		
Date Assigned:	07/23/2014	Date of Injury:	11/27/1995
Decision Date:	09/12/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/09/2014

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 Ohio. 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 sixty-year-old male with a history of alcoholic liver cirrhosis, chronic atrial fibrillation, benign prostatic hypertrophy, kidney stones, recurrent urinary tract infections and a coagulopathy related to his liver cirrhosis. He was scheduled to undergo a trans urethral resection of the prostate however he was noted to have abnormal coagulation parameters; his pro time was elevated, putting him at risk for bleeding during surgery. He is also known to have recurrent urinary tract infections and had been taking prophylactic antibiotics. Apparently, he had evidence of another urinary tract infection on December 30 of 2013 and then again had bacteria in the urine on February 25 of 2014. His original date of injury was November 27 of 1995 but the actual injury is not stated in the record. The actual connection of the injured worker's kidney stones and enlarged prostate to his injury is not made clear in the chart. His physical exam revealed a benign abdomen and a digital rectal exam was refused.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hematology clearance between 05/07/2014 and 07/26/2014: Overturned

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 Official Disability Guidelines (ODG) <Chronic Pain Section>, <Office Visits Topic>.

Decision rationale: The Official Disability Guidelines state that office visits are recommended as determined to be medically necessary. Evaluation and management of patients via visits to the offices of medical doctors play a critical role in the proper diagnosis and returned a function of an injured worker, and he should be encouraged. The need for a clinical office visit with a healthcare provider is individualized based upon review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicine such as opiates, or medicine such as certain antibiotics, require close monitoring. In this instance, the injured worker has a condition known as a coagulopathy, a condition which may lead to bleeding during and after surgery. There are times when additional blood products may need to be given prior to surgery so that excessive bleeding does not occur during surgery. Those decisions are more often done by hematologists than urologists. The decision for hematology clearance is medically necessary.

Clearance from infectious disease between 05/07/2014 and 07/26/2014: Overturned

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 Official Disability Guidelines (ODG) <Chronic Pain Section>, <Office Visits Topic>.

Decision rationale: The Official Disability Guidelines state that office visits are recommended as determined to be medically necessary. Evaluation and management of patients via visits to the offices of medical doctors play a critical role in the proper diagnosis and returned a function of an injured worker, and he should be encouraged. The need for a clinical office visit with a healthcare provider is individualized based upon review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicine such as opiates, or medicine such as certain antibiotics, require close monitoring. In this instance, the injured worker is known to have chronic urinary tract infection from a variety of bacteria; In fact he was known to have bacteria in the urine as recently as 2/25/2014. While it is not uncommon for a urologist to provide prophylactic antibiotics before a urologic procedure, the clinical picture here is complicated to the extent that management by the injured worker's own infectious disease physician is medically reasonable. Therefore, clearance from the infectious disease is medically necessary.