

Case Number:	CM14-0197589		
Date Assigned:	12/05/2014	Date of Injury:	12/18/2013
Decision Date:	01/16/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/25/2014

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 New York. 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 51-year-old male, with a reported date of injury of 12/18/2013. He had a slip and fall accident, falling on a wet floor on to his back and left shoulder. In 01/2014 he had a MRI of his back and left shoulder. He had a ligament tear of the left shoulder and had shoulder surgery on 03/18/2014. He is 5'6" tall and weighed 245 pounds on 06/26/2014. He had low back pain radiating to his left hip and foot with numbness. The current diagnoses include cervical spine strain, lumbar spine strain, and lumbar radiculopathy. The past diagnoses include status post left shoulder arthroscopy on 03/18/2014 and stress. Treatments have included medication; twenty (20) sessions of acupuncture; two (2) lumbar epidural injections; and fourteen (14) sessions of physical therapy, with no long-term relief. Diagnostic imaging and therapy reports have not been included in the medical records. The orthopedic re-evaluation report dated 10/16/2014 indicates that the injured worker reported intermittent moderate neck pain, with radiation to the left shoulder; intermittent moderate low back pain, with radiation to the left hip and left leg and numbness and tingling; stress and anxiety due to his condition; and symptoms of a bladder problem. The neurological examination showed decreased sensory at left L3-L4. The treating physician noted that it was recommended for the injured worker to have a urology consultation regarding his urinary incontinence. The injured worker's status was total temporary disability. On 10/28/2014, Utilization Review (UR) denied the request for a urology consultation. The UR physician cited the MTUS Chronic Pain Guidelines and the ACOEM Guidelines. The UR physician noted that the need for a specialty consultation was not clearly established in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urologist Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations

Decision rationale: The patient had a slip and fall injury, left shoulder surgery and treatment for back pain (acupuncture, physical therapy, etc) and almost a year after the injury he noted "bladder problems" in 10/2014. This is not a specific condition. It is unclear if the patient has dysuria, nocturia, polyuria, difficulty with his urinary stream, hematuria and should be seen by an internist for possible diabetes, urology or other consultant (nephrologist). There must be more history and documentation of exactly what "bladder problems" are from a medical contest and why a specialty consultation for the urologist is medically necessary. There is insufficient documentation to substantiate the medical necessity for a urology consultation.