

<b>Case Number:</b>	CM14-0203517		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	08/13/2012
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 49 year old patient with date of injury of 06/13/2012. Medical records indicate the patient is undergoing treatment for vertigo, knee pain, reflux esophagitis, myalgia/myositis, lumbago, upper limb amputation and late effect of burns. Subjective complaints include left anterior neck skin tightness and decreased range of motion, decreased hearing, difficulty swallowing, feeling of fullness, night sweats, headaches, poor balance, numbness, weakness, tingling, anxiety, depression. Objective findings include 1"x1" red area on dorsal superior chest. Treatment has consisted of prosthetics, physical therapy, Celebrex, Lyrica, Pantoprazole, Cetrizine, Oxycodone, Gabapentin, Methadone, Colace, Senna, Cymbalta, Cialis, Toviaz and Marinol. The utilization review determination was rendered on 11/21/2014 recommending non-certification of Uroflowmetry Simple/Complex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Uroflowmetry Simple/Complex:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.nlm.nih.gov/medlineplus/ency/article/003325.htm>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation  
<http://www.nlm.nih.gov/medlineplus/ency/article/003325.htm>.

**Decision rationale:** Medlineplus states " Uroflowmetry is a test that measures the volume of urine released from the body, the speed with which it is released, and how long the release takes".Medical documentation provided does not indicate rationale behind the request for this test. The treating physician has noted on request that it is needed for a urology referral, however, there is no information indicating objective or subjective complaints that warrant the need for referral or the requested test. As such, the request for Uroflowmetry Simple/Complex is not medically necessary at this time.