

<b>Case Number:</b>	CM14-0059617		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/20/2009
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 General Surgeon, has a subspecialty in Colon & Rectal Surgeon and is licensed to practice in California. 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 49-year-old female who reported an injury on 09/20/2009; the mechanism of injury was not provided. On 01/06/2014, the injured worker had an Agreed Medical Evaluation in urology performed. The injured worker had a history of 3 vaginal deliveries, as well as a hysterectomy performed in 02/2000. She has not been on any local or oral estrogen therapy. The injured worker admitted to urinary stress incontinence after the hysterectomy. The injured worker's urologic complaints, which included stress urinary incontinence, has been ongoing since 2000. She also stated that she strains to void or defecate and has been doing those since 2011. Noted that symptoms are progressively worsening and have caused significant hemorrhoids, as well as defecation problems. Upon examination, there was 3+ rectocele, as well as hemorrhoids present. There was cystocele noted, but it was not protruding to the introitus, but it was approximately 1 to 2+ in size. The neurologic examination was intact with a normal anal sphincter tone. Diagnoses were neurogenic bladder with rectocele, cystocele, and prolapsed uterus. The provider noted that the injured worker does not have a uterus; however, the cystocele as well as a prolapsed rectocele was noted. The provider recommended a bladder and rectum surgery for neurogenic bladder with rectocele prolapsed uterus. The Request for Authorization form was not provided in the records for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bladder & Rectum Surgery for Neurogenic Bladder with Rectocele Prolapsed Uterus:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2780144/> Clin Colon rectal Surg. 2005 May; 18(2): 85-95.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedlinePlus, Uterine Prolapse, Online Database, <http://www.nlm.nih.gov/medlineplus/ency/article/001508.htm>.

**Decision rationale:** The guidelines note that treatment for a prolapsed uterus is not needed unless symptoms are bothersome. First line treatment to relieve symptoms include weight loss, avoiding heavy lifting or straining, and getting treated for chronic cough. If the coughing is due to smoking, the recommendation is to cease. Surgery should not be a consideration until symptoms are worse than the risk of having surgery. Surgery will depend on severity of prolapse, plans for future pregnancies, the age, health and other medical issues addressed, and the patient's desire to retain vaginal function. Vaginal hysterectomy is used to correct uterine prolapse. There is no information in the documentation provided of health benefits outweighing the risk of surgery. Additionally, the provider noted that the injured worker has an absence of a uterus. It was also noted that a bladder/rectum and rectocele surgery was not medically necessary. Urodynamic study was not provided for review. There is no significant clinical evidence to warrant surgery. As such, medical necessity has not been established. Therefore, the request for Bladder & Rectum Surgery for Neurogenic Bladder with Rectocele Prolapsed Uterus is not medically necessary.