MAXIMUS Federal Services

Case Number:	CM15-0138372		
Date Assigned:	07/28/2015	Date of Injury:	01/19/2012
Decision Date:	08/31/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 67-year-old who has filed a claim for pelvic stress incontinence reportedly associated with an industrial injury of January 19, 2012. In a utilization review report dated June 27, 2015, the claims administrator approved a vaginal sling and cystocele repair, approved preoperative laboratory testing, and approved a preoperative EKG while failing to approve a preoperative chest x-ray. The claims administrator referenced a March 10, 2015 progress note and a June 15, 2015 RFA forms in its determination. A variety of non-MTUS Guidelines were referenced in the determination. The applicant's attorney subsequently appealed. On said June 15, 2015 RFA form, a vaginal sling and cystocele repair, preoperative laboratory testing, a preoperative chest x-ray, and a preoperative EKG were sought. In an associated progress note dated March 10, 2015, the applicant presented with issues including a cystocele, stress incontinence, urge incontinence, and heightened urinary frequency. The applicant was on VESIcare, it was reported. The applicant had past medical history notable for diabetes and hypertension, it was reported. The applicant also reported issues with psychological stress, mood disturbance, anxiety, depression, it was reported. The applicant was asked to move forward with the proposed vaginal sling and cystocele repair procedure. The applicant's work status was not explicitly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Related surgical service: Chest X-ray: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Preoperative TestingAuthor: Gyanendra K Sharma, MD, FACC, FASE; Chief Editor: William A Schwer, MDhttp://emedicine.medscape.com/article/285191-overview#showall.

Decision rationale: Yes, the proposed chest x-ray was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 9, page 208, does acknowledge that chest radiography may be needed to elucidate shoulder pain, which could be the result of a pneumothorax, apical lung tumor, or other apical disease processes such as tuberculosis, the MTUS does not specifically address the topic of preoperative chest x-ray testing, as was the issue here. The attending provider framed the request as a request for chest x-ray testing prior to plan cystocele repair surgery. Medscape's Preoperative Testing article notes that one of the preoperative tests which is routinely recommended is chest x-ray testing in applicants older than 60 years of age. Here, the applicant was 67 years of age it was reported. The applicant was also diabetic and hypertensive, as reported above, increasing the likelihood of the applicant is having some hitherto-undiagnosed cardiac or pulmonary disease. Therefore, the request was medically necessary.