MAXIMUS Federal Services

Case Number:	CM15-0191815		
Date Assigned:	10/05/2015	Date of Injury:	09/23/2011
Decision Date:	11/12/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/29/2015

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: California
Certification(s)/Specialty: Internal 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 injured worker is a 60-year-old male, who sustained an industrial injury on 9/23/2011. He reported specific and cumulative trauma injuries to the low back, shoulders, neck and clinical depression. Diagnoses include urinary frequency, urgency, and sensation of incomplete bladder emptying in part industrially related, in addition to multiple orthopedic diagnoses and Hepatitis C. Treatments to date include activity modification and medication therapy. Currently, he complained of ongoing right shoulder pain and stiffness, left shoulder pain, stiffness, and weakness, nerve damage, and increasing back pain. On 7-27-15, the physical examination documented decreased abduction of bilateral shoulder with soreness. The cervical muscles were tender. The lumbar spine was tender L4-S1 with decreased range of motion. The records indicated he was approved for right shoulder surgery, scheduled for 8-4-15. The plan of care included ongoing urological treatment and medication. The records submitted for this review included an Agreed Medical Evaluation Supplemental Report dated 2-23-15, that stated, "[redacted] reported that he reviewed an initial urological consultation...dated 12-10-14...condition had not reached a permanent and stationary status and was going to require ongoing urological evaluation." The initial urological evaluation was not submitted for this review. The appeal requested authorization of ongoing Urological treatment including medication. The Utilization Review dated 8-31-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

On going urological treatment including medication: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BJU Int. 2009 Dec; 104(11):1680-8. doi:10,1111/j. 1464-410X.2009308686.x. Epub 2009 Jun 22. Drug treatment of urological symptoms: estimating the magnitude of unmet need in a community-based sample. Hall SA1, Link CL, Hu JC, Eggers PW, McKinley JB.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004,
Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: The initial assessment should screen for findings that could suggest serious pathology. These findings are called red flags and may need an urgent consultation from a physician specially trained in the implicated area of danger. Our patient has symptoms of bladder dysfunction that are industrially related and not permanent and stationary. The patient should see an Urologist until he is permanent and stationary and treatment has been optimized. At that point, the PTP may be able to carry out the treatment plan developed by the specialist. The UR decision is medically necessary.