

Case Number:	CM13-0066536		
Date Assigned:	01/03/2014	Date of Injury:	10/03/2002
Decision Date:	09/26/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/16/2013

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 Family Medicine 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:

This is a 54 year old female who reported an industrial injury on 10/3/2002, 12 years ago, attributed to the performance of her customary job tasks reported as being struck by a motor vehicle. The patient was noted to have an ongoing history of UTIs treated with antibiotics. The UA in June 2013 was negative. The patient was evaluated in September 2013, and did not have UTI complaints. The request for cystoscopy and retrograde ureteroscopy with lithotripsy is being recommended with postprocedure CT scan to assess the status of the stones as they could be the source or nidus of recurrent infections. The patient was noted to be symptom-free and had undergone three prior lithotripsy procedures. The requested cystoscopy, retrograde ureteroscopy, lithotripsy, and CT scan were not felt to be medically necessary. The industrial relationship of the developing and recurrent renal stones was questioned as the renal stones were assessed as nonindustrial by the AME.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE OP MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation INSTITUTE FOR CLINICAL SYSTEMS IMPROVEMENT, PREOPERATIVE EVALUATION. BLOOMINGTON; PAGE 26.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter for Preoperative lab testing.

Decision rationale: The patient was ordered a preoperative medical clearance; however, there was no specific laboratory testing requested. A preoperative clearance and evaluation includes a laboratory workup has specific laboratory values to be requested to evaluate for patient stability prior to a surgical intervention. There was no rationale supported by objective evidence to support the medical necessity of the requested preoperative clearance. The requested surgical intervention was not certified, therefore, there is no medical necessity for the requested preoperative clearance. The requested surgical intervention or procedure was assessed as not medically necessary. Since the requested procedure was not medically necessary and there is no medical necessity for the requested preoperative clearance evaluation or testing. Preoperative laboratory testing is generally medically necessary for patients of certain age groups with documented underlying medical issues or prolonged use of medications to establish patient stability prior to surgical intervention. Since there was no specificity applied to the request, there is no demonstrated medical necessity. Since the requested procedure was assessed as not medically necessary, the request for preoperative lab testing or workup is also not medically necessary.