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| Case Number: | CM15-0118412 | | |
| Date Assigned: | 06/26/2015 | Date of Injury: | 02/24/2003 |
| Decision Date: | 07/28/2015 | UR Denial Date: | 06/05/2015 |
| Priority: | Standard | Application Received: | 06/19/2015 |

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: North Carolina
 Certification(s)/Specialty: Urology

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 65 year old female, who sustained an industrial injury on 2/24/2003, after a motor vehicle accident while working as a bus driver. The injured worker was diagnosed as having neurogenic bladder, not otherwise specified, kidney stone, bladder stone, and uterine prolapse. Her past medical history included diabetes mellitus, obesity, hypertension, paroxysmal atrial fibrillation, pulmonary embolus, and dyslipidemia. Treatment to date has included diagnostics, surgical decompression and fusion in 2003, sacral wound debridement and closure in 2003, and suprapubic cystostomy in 2009. On 11/14/2014 (urology progress report), the injured worker complains of bladder stone. She was documented to have multiple bladder stone removals, including a procedure on 11/2014. She also had occasional urinary tract infections and hematuria. She was on multiple medications and utilized oxygen nightly. The current treatment plan included cystolitholapaxy with holmium laser lithotripsy (authorized) and pre-operative clearance with chest x-ray, electrocardiogram, complete blood count, basic metabolic panel, prothrombin time, partial thromboplastin time, urinalysis, and urine culture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative clearance with chest x-ray, electrocardiogram (EKG), complete blood count (CBC), basic metabolic panel (BMP), prothrombin time (PT) and partial prothromboplastin time (PTT): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Family Physician: Am Fam Physician. 2013 Mar 15;87(6): 414-418 Preoperative testing and Munro J Booth a, Nicholl J. Preoperative testing, Health Technol Assess, 1997; 1(12):i*iv, 1*62.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative evaluation and preparation for anesthesia and surgery: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2464262/> and Practice advisory for preanesthesia evaluation. An updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation.:<http://www.guideline.gov/content.aspx?id=36197>.

Decision rationale: This patient is at high risk for anesthesia required for surgery. Pre-op clearance with the above studies is appropriate and reasonable based upon the following significant co-morbidities: 1. Chest x-ray: pulmonary embolus/DVT s/p IVC umbrella, sleep apnea. 2. EKG: atrial fibrillation. 3. CBC: exposure to Xarelto and risk of anemia. 4. BMP: hypertension, exposure to medications that affect electrolytes, chronic edema, diabetes. 5. PT/PTT: risk of bleeding due to Xarelto exposure. The request is medically necessary.

Urinalysis and urine culture: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mayo clinic and CMS - National Coverage Determination (NCD) for Urine Culture, Bacterial (190.12), Indications and Limitations of Coverage.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Perioperative antibiotic prophylaxis in urology:http://journals.lww.com/co-urology/Abstract/2001/01000/Perioperative_antibiotic_prophylaxis_in_urology.12.aspx and Best practice policy statement on urologic surgery antimicrobial prophylaxis (2008): <https://www.auanet.org/education/guidelines/antimicrobial-prophylaxis.cfm>.

Decision rationale: Pre-op urinalysis and urine culture for Cystoscopy with Holmium laser lithotripsy of bladder stone are appropriate and indicated for this patient because of increased risk for multi-drug resistant urinary tract infection. The request is medically necessary.