

Case Number:	CM15-0076486		
Date Assigned:	04/28/2015	Date of Injury:	01/05/2007
Decision Date:	05/28/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/21/2015

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: Family Practice

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 female, who sustained an industrial injury on 1/5/07. She reported urinary incontinence. The injured worker was diagnosed as having stress urinary incontinence and urge incontinence. Treatment to date has included Kegel exercises and medications. As of the PR2 dated 6/25/14, the injured worker reports Vesicare is improving her urgency, but still has stress incontinence. The treating physician requested Urostim therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urostim: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://schwamedico.com/en/electrostimulation/incontinence/urostim-2/electrostimulation-incontinence-urostim.html>.

Decision rationale: Urostim is utilized to improve the strength of the pelvic floor muscles and sphincter muscles. The injured worker is diagnosed with stress urinary incontinence and urge incontinence. However, the only examination narrative submitted for review is dated 6/25/14. The last examination report is approximately one year ago, and in the absence of a recent narrative documenting the clinical status of this injured worker, the request for Urostim cannot be supported. The request for Urostim is not medically necessary and appropriate.