

Case Number:	CM15-0093077		
Date Assigned:	05/19/2015	Date of Injury:	11/01/2011
Decision Date:	06/22/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/14/2015

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, 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:

This is a 60-year-old female patient, who sustained an industrial injury on November 1, 2011, incurring right shoulder and right elbow injuries. She was diagnosed with right shoulder and right upper extremity sprain with a rotator cuff sprain and tear and labral lesion. Per the AME note dated 3/23/15, physical examination revealed external genitalia within normal limits, no cystocele, no rectocele and no vaginal prolapse of any kind. Electric uroflometry showed non obstructing curve pattern. The medications list includes medications for hypertension and diabetes. She underwent right shoulder surgery on May 8, 2012. In August 2014, she complained of stress urinary incontinence and recommended surgery for a prolapsed bladder. She underwent pelvic surgery with bladder repair. Treatments included pain medications, chiropractic sessions and work restrictions. The treatment plan that was requested for authorization included a computed tomography of the pelvis with and without contrast and a follow up office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Pelvic with/without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/268428>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Hip & Pelvis (updated 10/09/14) CT (computed tomography).

Decision rationale: CT Pelvic with/without contrast. Per the cited guidelines regarding CT pelvis and hip "Indications for imaging" Computed tomography: Sacral insufficiency fractures, Suspected osteoid osteoma, Subchondral fractures, Failure of closed reduction." Per the records provided CT pelvis is advised to evaluate pelvic descensus. Per the AME note dated 3/23/15, physical examination revealed external genitalia within normal limits, no cystocele, no rectocele and no vaginal prolapse of any kind. Electric uroflometry showed non-obstructing curve pattern. Patient is status post bladder prolapse repair and the presence of significant persistent urinary symptoms currently, is not specified in the records provided .The medical necessity of CT Pelvic with/without contrast is not fully established for this patient.

Follow up office visit x2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/268428>.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: Follow up office visit x2 MTUS guidelines. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127. Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per the AME note dated 3/23/15, physical examination revealed external genitalia within normal limits, no cystocele, no rectocele and no vaginal prolapse of any kind. Electric uroflometry showed non obstructing curve pattern. Patient is status post bladder prolapse repair and the presence of significant persistent urinary symptoms currently, is not specified in the records provided. Rationale for 2 follow up visits is not specified in the records provided. The medical necessity of Follow up office visits x2 is not fully established for this patient at this juncture.