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Amended May 31, 2011

**Notice of Independent Medical Review Decision  
Reviewer's Report**

**DATE OF REVIEW:** May 31, 2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Bladder scan, office visit with Dr., urinalysis, cystoscopy and complex uroflowmetry (76775, 99214, 81000, 52000, and 51741).

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

M.D., Board Certified in Urology.

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)  
 Overturned (Disagree)  
 **Partially Overturned (Agree in part/Disagree in part)**

The requested bladder scan, office visit with Dr., and urinalysis (76775, 99214, 81000) are medically necessary for this patient; however, the requested cystoscopy and complex uroflowmetry (52000 and 51741) are not medically necessary for this patient.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Request for a Review by an Independent Review Organization dated 5/10/11.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 5/11/11.
3. Notice of Assignment of Independent Review Organization dated 5/11/11.
4. Office Visit Reports from MD dated 10/14/10, 12/29/10, and 3/31/11.
5. Medical record from comprehensive rehabilitation orthopedic specialty service dated 2/1/11.
6. Workers Comp Authorization Fax Request for Office Visit from urology clinic dated 3/21/11.
7. Denial documentation.

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a XX-year-old male who sustained a urethral injury on XX/XX/XX when he fell from a modest height onto the top of a pipe. This caused significant injury to his urethra, for which he underwent open repair in August 2009. The attending urologist notes recurrent urethral strictures with a history of a direct vision internal urethrotomy in March 2010. Since then, the patient has had complex uroflows in April, May, August, October, and December of 2010 and more recently, in early May of 2011. Cystoscopies were performed in March, May, and December of 2010. The cystoscopies of May and December 2010 showed no evidence of recurrent urethral stricture disease and the patient's flow rates have been stable. Bladder scans for postvoid

residuals have not shown any problems with retention of urine. The patient's urine analyses have remained clear. His complaints are primarily incontinence. The patient has some hesitancy and straining to urinate, but this is mainly at night. He reports that he does not feel as if he is able to empty his bladder. The patient also reports erectile dysfunction, which is not responding to most therapies. In the December 2010 office visit, there is a statement that the patient is status post dilation of urethral strictures. A request has been made for bladder scan, office visit with Dr., urinalysis, cystoscopy and complex uroflowmetry (76775, 99214, 81000, 52000, and 51741).

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The requested services are not addressed by the Official Disability Guidelines (ODG) or the American College of Occupational and Environmental Medicine Knowledgebase (ACOEM). Upon review of the submitted documentation, the physician's request for an office visit, urinalysis, and bladder scan for postvoid residual is medically reasonable and appropriate in this setting. These services are a normal part of urologic exam in an individual with ongoing urinary complaints. Such workup is consistent with the standard of care in the urologic community. However, the requested cystoscopy and complex uroflowmetry are not medically necessary at this time. The patient has been scoped on a number of occasions without recurrence of his strictures. Based on the documentation provided, his symptoms are unchanged. Repeat cystoscopy and complex uroflowmetry at this point in time is not likely to provide information that will be helpful in resolving the patient's symptoms of hesitancy and incontinence.

Based upon my medical judgment, clinical experience and expertise in accordance with accepted medical standards, I have determined that the requested bladder scan, office visit with Dr., and urinalysis (76775, 99214, 81000) are medically necessary for this patient; however, the requested cystoscopy and complex uroflowmetry (52000 and 51741) are not medically necessary for this patient.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE  
UM KNOWLEDGEBASE

**- DO NOT ADDRESS THIS SITUATION**

AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE  
WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

**- DO NOT ADDRESS THIS SITUATION**

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE  
PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A  
DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED  
GUIDELINES (PROVIDE A DESCRIPTION)