

Case Number:	CM13-0023100		
Date Assigned:	11/15/2013	Date of Injury:	01/01/2007
Decision Date:	02/03/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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:

The patient is a 43 year old male with date of injury 1/1/2007. This is apparently a cumulative trauma claim beginning 05/09/2006 and ending 11/01/2007, the patient's last day of work. The supplied medical record consists of a Urology AME: 2/26/2011, [REDACTED], and an Orthopedic AME: 8/03/2011, [REDACTED]. Combining the diagnoses from the two Agreed Medical Evaluations, the patient has been diagnosed with the following: sexual dysfunction, urologic impairment, chronic pain syndrome, major aggressive disorder, cervical and lumbar degenerative disc disease, right shoulder tendinitis with impingement, bilateral epicondylitis, right medial epicondylitis with ulnar nerve irritation, and sleep disturbance. The most current history and physical exam available for review is from [REDACTED] performed on 08/03/2011. In regard to the claimant's sexual dysfunction, [REDACTED] addresses it in the Future Medical section of his AME report: "He should be reevaluated by the present neurologic examiner on a biannual basis to assess the efficacy of this present medical regimen". There is no mention of ongoing treatment for the claimant's sexual dysfunction by an internist. The medical record lacks any recent documentation that provides any information or insight into the claimant's current condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient internal medicine evaluation times twelve (12) sessions for sleep disorder:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127.

Decision rationale: No recent documentation is provided to assess medical necessity of request. As such the medical necessity for internal medicine evaluation times twelve (12) sessions for sleep disorder has not been established. The request is not necessary and appropriate.

Outpatient internal medicine evaluation and treatment times twelve (12) for erectile dysfunction: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127.

Decision rationale: No recent documentation is provided to assess medical necessity of request. As such the medical necessity for outpatient internal medicine evaluation and treatment times twelve (12) for erectile dysfunction is not medically necessary and appropriate.