

<b>Case Number:</b>	CM13-0023809		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	03/15/2010
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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/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 claimant is a 25 year old male who sustained an industrial injury on 0/25/2010. While working for a tree service company he fell from a tree and sustained a closed pelvic fracture. His diagnoses include depressive disorder, lumbar disc displacement, and multiple closed pelvic fractures with disruption of the pelvic circle and thoracic/lumbosacral neuritis or radiculitis. He was evaluated by [REDACTED] for complaints of tightness of his foreskin. He was treated initially with medical therapy (Lotrisone cream) without success. The treating urologist has requested authorization for circumcision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CIRCUMCISION:** 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 Medscape Internal Medicine 2013: Indications for Circumcision

**Decision rationale:** There are numerous medical indications for adult circumcision. The most frequent indication is phimosis, a tightness of the prepuce that prevents its retraction over the

glans. Paraphimosis, the irreplaceable retraction of a narrow foreskin that causes a painful swelling of the glans, is the second most common indication for adult circumcision. Acute paraphimosis is a urologic emergency requiring reduction of the foreskin through surgical or nonsurgical methods. Recurrent balanitis and posthitis (inflammation of the prepuce), preputial neoplasms, excessive prepuce redundancy and tears in the frenulum are also medical indications for adult circumcision. Per the documentation there is moderate phimosis and pain with retraction of the prepuce. There is no active inflammation or bleeding, and no skin lesions. The medical records provided for review indicate the testes are normal to inspection and palpation. Medical necessity for the requested circumcision has not been established. The requested procedure is therefore not medically necessary and appropriate.