

Case Number:	CM13-0059624		
Date Assigned:	12/30/2013	Date of Injury:	09/17/2012
Decision Date:	05/15/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 60-year-old male who reported an injury on 09/17/2012 after a trip and fall that reportedly caused injury to his right shoulder and head and has caused emotional distress, high blood pressure and deep vein thrombosis. The injured worker's treatment history has included cognitive behavioral therapy, multiple medications and Botox injections. The injured worker's most recent clinical evaluation by the prescribing physician was dated 09/16/2013. Physical examination included a severe stutter with an antalgic gait favoring the left calf and tenderness to deep palpation of the left calf with mild swelling of the ankle. Lab results from 11/01/2013, ordered by the prescribing physician, documented 391 testosterone total with 63.7 sex hormone binding, a 5.1 free testosterone calculation and a 7.8 prolactin serum. The treating provider submitted a prescription for a Depo-Testosterone injection, prostate specific antigen test in 6 months, a total free testosterone test in 6 months and a prolactin test in 6 months. However, there was no clinical documentation to justify the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSTATE SPECIFIC ANTIGEN TEST IN SIX MONTHS: 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://labtestsonline.org/understanding/analytes/psa/tab/tes>.

Decision rationale: The requested prostate specific antigen test in 6 months is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines do not address this request. An online resource, labtestsonline.com, indicates that prostate specific antigen tests are a monitoring tool for injured workers who have been diagnosed with prostate cancer to determine the effectiveness of treatment. The clinical documentation does not provide any evidence that the injured worker is diagnosed with prostate cancer and is being treated for this condition. Additionally, as the injured worker has undergone this laboratory test, and it was within normal limits, the need for additional testing is not supported. Also, there is no documentation or justification to support the request. As such, the requested prostate specific antigen test in 6 months is not medically necessary or appropriate.

DEPO-TESTOSTERONE INJECTION 200MG/CC, 10 ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Testosterone

Decision rationale: The requested Depo-Testosterone injection 200 mg/cc 10 mL is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address testosterone replacement. The Official Disability Guidelines recommend testosterone replacement for injured workers who have documentation of decreased testosterone levels in laboratory findings. The clinical documentation submitted for review does not provide evidence of decreased testosterone levels. The lab results indicate that the injured worker's testosterone levels are within normal limits. Therefore, the need for this injection is not supported. Additionally, there was no evaluation or justification for the requested date of service. As such, the requested Depo-Testosterone injection 200 mg/cc 10 mL is not medically necessary or appropriate.