MAXIMUS Federal Services

| Case Number: | CM13-0061437 | | |
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| Date Assigned: | 12/30/2013 | Date of Injury: | 12/10/2010 |
| Decision Date: | 10/28/2014 | UR Denial Date: | 11/21/2013 |
| Priority: | Standard | Application Received: | 12/04/2013 |

## 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 and Rehabilitation, has a subspecialty in Pain Management 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 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:

This is a patient with a date of injury of December 10, 2010. A utilization review determination dated November 21, 2013 recommends noncertification for a urology consult. Noncertification was recommended since the patient was discharged from the urologist on June 21, 2013 with no new urologic complaints. A progress report dated November 11, 2013 identifies subjective complaints of pain in both knees without improvements and unchanged activity. Physical examination findings indicate reduced sensation in the right lower extremity. Diagnoses include lumbar spine disc bulge, left elbow lateral humoral epicondyle, failed right knee surgery, and left knee surgery. The treatment plan recommends consultation with an orthopedic and pain management specialist. A box is checked stating that a urology visit is not needed. A progress note dated September 30, 2013 has a box checked stating that a urology consult is needed. The note indicates that the patient is to see the urologist to "continue Cialis." A progress report dated June 21, 2013 from a urologist recommends continuing Cialis as prophylactic therapy for the following 6 months. The note states that for future medical treatment, in situations such as exacerbations, the patient should be able to see a specialist in urology. No return appointment was scheduled.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**UROLOGY CONSULTATION WITH [redacted]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 7, 127 & 156

**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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127

**Decision rationale:** Regarding the request for Urology Consultation, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, it is clear the patient has seen a neurologist previously. The last urology note indicates that the patient has been discharged from urological care and should return for exacerbations. There is no documentation indicating that the patient has had an exacerbation of any urologic complaints. A urologic consultation should not be unnecessary to continue the patient on Cialis unless there is a problem with that particular medication, which has not been documented here. In the absence of clarity regarding those issues, the request Urologic Consultation is not medically necessary.