

<b>Case Number:</b>	CM13-0061522		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/17/2009
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 17, 2009. The applicant apparently alleged development of knee, midback, low back, and neck pain reportedly secondary to cumulative trauma from repetitive kneeling at work. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; a knee arthroscopy procedure on January 11, 2010; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of November 22, 2013, the claims administrator denied a request for a urology consultation, stating that no clear evidence of urologic condition had been identified. The claims administrator selected Chapter 7 ACOEM Guidelines to support the denial. The applicant's attorney subsequently appealed. In a progress note of April 15, 2010, it is stated that the applicant continues to report groin pain, particularly with walking. He is placed off of work, on total temporary disability. On October 15, 2012, the applicant was described as having persistent multifocal knee, back, neck, and groin pain. The groin pain was not elaborated upon at that point. On March 14, 2013, the applicant was described as reporting ongoing knee, neck, and low back pain. The applicant was using Naprosyn for pain relief and was placed off of work, on total temporary disability. In a progress note of May 16, 2013, the applicant is again described as off of work, on total temporary disability. A urology consultation was sought for the applicant's ongoing issues with testicular pain. The applicant states that he has had testicular pain for some time, reportedly before his knees began hurting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**UROLOGY CONSULTATION:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints should lead an attending provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant has had longstanding complaints of groin and/or testicular pain for what appears to be several years, it appears. Obtaining the added expertise of an urologist to help identify the source of the same is indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.