

Case Number:	CM13-0063748		
Date Assigned:	06/09/2014	Date of Injury:	07/27/2007
Decision Date:	07/14/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/10/2013

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 63 year old male. He has a history of prostate cancer for which he was treated with a prostatectomy and later a male sling operation. According to the notes provided, the worker was seen on 6/19/13 by his urologist complaining of problems with erections and urinary incontinence, and that he had pelvic pain in "new locations", which was suspected to be related to his male sling operation. He reported performing Kegel exercises at home, but that his overall symptoms have worsened over the past year. He had been given the diagnosis (again) of pelvic floor dysfunction, possibly related to the surgery for his male sling and it was noted that the worker was planning on going to a physical therapist for pelvic floor therapy, but no frequency or duration was noted. After 12 sessions of pelvic floor therapy starting on 7/12/13 and ending on 10/16/13, the worker's physical therapist noted that he had not made any progress with reducing urgency, but experienced an increase in pelvic floor muscle strength by 50% and a reduction in pain by 25%. He was also recommended to continue therapy another 6 sessions by his physical therapist.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAPY (UNSPECIFIED TYPE/BODY PART) QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Glazener C, Boachie C, Buckley B, et al. Urinary incontinence in men after formal one-to-one pelvic-floor muscle training following radical prostatectomy or transurethral resection of the prostate (MAPS): two parallel randomised controlled trials. *Lancet*. Jul 23 2011;378(9788):328-337.

Decision rationale: It is unclear from the documentation submitted for review, whether or not the request for pelvic floor physical therapy was retrospective of the 12 sessions done during the period of 7/13 to 10/13, or if it was for additional therapy following the prior sessions as there was no evidence seen in the progress notes authored by the requesting physician stating a prescription for 12 sessions of therapy. The California Medical Treatment Utilization Schedule (MTUS) Guidelines do not address physical therapy for pelvic floor dysfunction after prostatectomy or sling procedures in males, nor does the Official Disability Guidelines (ODG). Research findings regarding benefits of pelvic floor therapy in men with post prostatectomy incontinence are equivocal, where half of the studies show benefit and half do not. One of these studies followed the participants one year later with no difference in reported urinary symptoms between the treatment and control groups. No recommendations could be found regarding recommended duration and frequency. In the case of this worker, if the request was for the initial 12 sessions completed between 7/13-10/13, then the evidence suggests it is not likely to be beneficial and is not medically necessary.