

Case Number:	CM13-0066849		
Date Assigned:	01/03/2014	Date of Injury:	01/10/1997
Decision Date:	06/19/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/17/2013

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 Urology, and is licensed to practice in Florida. 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 patient is a 55-year-old male who sustained an injury on January 10, 1997 related to his spine requiring multiple spinal surgeries. The patient has complained of chronic testicular pain on the left for more than ten years as well as a history of a penile prosthesis for erectile dysfunction. The review of the medical record does not support any relationship between the patient's injury and his chronic and current urologic complaints. Current clinical finding show the injured had multiple spinal surgeries. According to the treating chiropractor's notes, the patient was referred to [REDACTED] who determined that the patient would benefit from a left simple orchiectomy for his testicular pain and a revision of his penile implant. This information is in the treatment plan of the chiropractor. The patient has undergone treatment for his spine issues. It is unclear when the penile implant was originally inserted. The urologist has recommended a penile implant revision and a left orchiectomy for chronic left testicular pain. There is no documented significant testing or imaging as related to urology.

IMR ISSUES, DECISIONS AND RATIONALES

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

PENILE IMPLANT REPLACEMENT: 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 Other Medical Treatment Guideline or Medical Evidence: Wein (ed) Campbell-Walsh Urology 10 ed 2011

Decision rationale: In regards to the revision of penile implant and left orchiectomy. Review of the current medical record and urologic literature does not support revision of this patient's penile prosthesis or left orchiectomy. The medical record does not support any relationship between the patients malfunctioning penile prosthesis and his injury. In relation to the chronic testicular pain greater than ten years in duration, again there is no evidence to support that this was related to the patient's injuries. It is well documented in the literature that with a normal testicular exam and imaging that orchiectomy may not cure testicular pain with some patients developing phantom pain (even after surgery). If the pain in the left testicle is related to the patient's initial injury, referred pain to the left testicle from back issues could be possible. However, the treatment for this is not orchiectomy, but treatment of the patients back issues. Medical necessity for the requested service has not been established. The request for a penile implant replacement is not medically necessary or appropriate.

LEFT TESTICLECTOMY: 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 Other Medical Treatment Guideline or Medical Evidence: Wein (ed) Campbell-Walsh Urology 10 ed 2011

Decision rationale: As stated in Urology, 10th Edition, Review of the current medical record and urologic literature does not support revision of this patient's penile prosthesis or left orchiectomy. The medical record does not support any relationship between the patients malfunctioning penile prosthesis and his injury. In relation to the chronic testicular pain greater than ten years in duration, again there is no evidence to support that this was related to the patient's injuries. It is well documented in the literature that with a normal testicular exam and imaging that orchiectomy may not cure testicular pain with some patients developing phantom pain (even after surgery). If the pain in the left testicle is related to the patient's initial injury, referred pain to the left testicle from back issues could be possible. However, the treatment for this is not orchiectomy, but treatment of the patients back issues. Medical necessity for the requested service has not been established. The request for a left testiclectomy is not medically necessary or appropriate.