

<b>Case Number:</b>	CM14-0062692		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/21/2007
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 71 year old male who sustained an industrial work injury on 12/21/2007. The mechanism of injury was not provided for review. His diagnoses include cervical disc disease with radiculopathy and bilateral partial rotator cuff tears with impingement and recurrent tendonitis. He is s/p left shoulder arthroscopic subacromial decompression, rotator cuff and labral debridement and right shoulder subacromial decompression, rotator cuff and labral debridement with lysis of adhesions. On exam there is decreased range of cervical motion with tenderness to palpation and paravertebral muscle spasm. Spurling's and Adson's tests were normal. There is increased pain with cervical extension. There is decreased range of motion of both shoulders with 4/5 strength in both rotator cuffs and decreased sensation in the bilateral upper extremities most notably in the C6 and C7 distribution. The treating provider has requested an evaluation for sexual dysfunction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation Sexual Dysfunction:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**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: Medscape Internal Medicine 2013: Evaluation of Sexual Dysfunction.

**Decision rationale:** There is no documentation provided necessitating an evaluation for sexual dysfunction. The claimant has established injuries of the cervical spine and both shoulders. Sexual dysfunction may reflect problems with the following factors: Libido, Ejaculation, or erectile function or a combination of the above factors. Reduced libido can result from organic or psychologic causes. It often accompanies low levels of serum testosterone or increased levels of serum prolactin, and these changes may be either primary or secondary. It can also be associated with psychologic problems, relationship difficulties, medical illnesses, and use of certain drugs. Ejaculatory difficulties can consist of premature, retarded, absent, or retrograde ejaculation. Premature ejaculation is more common in young men than in older men. It can disappear or diminish with increasing age and sexual experience. Men who have erectile dysfunction often complain of premature ejaculation. The exact definition of premature ejaculation is controversial, but ejaculation before or within 2 minutes after vaginal penetration would be a working definition. Psychologic or medical factors (or both) must be considered. Adrenergic agents, especially decongestants, are common causes of premature ejaculation, as is endogenous epinephrine produced by anxiety. Retarded ejaculation or anejaculation also can be due to psychologic, neurologic, or medical causes or some combination of these factors. Retrograde ejaculation often occurs in patients with neurologic disorders, especially diabetic neuropathy, or as a complication of transurethral resection of the prostate. There is no documentation to support the relationship between the claimant's industrial injuries and his complaints of sexual dysfunction. Medical necessity for the requested service is not established. The requested service is not medically necessary.