

<b>Case Number:</b>	CM13-0025678		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	02/24/2011
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 42-year-old male who reported an injury on 02/24/2011. The mechanism of injury was not specifically stated. The injured worker is currently diagnosed with hip pain and stiffness/pain in a joint. The only physician progress reported submitted for this review is documented on 05/13/2013. The injured worker presented for a followup evaluation with complaints of low back pain and right hip pain, as well as poor sleep quality and activity limitation. The injured worker was utilizing glucosamine chondroitin, oxycodone 15 mg, ibuprofen 600 mg, and hydrochlorothiazide 12.5 mg. Upon examination, there was restricted range of motion of the lumbar spine, with flexion to 75 degrees and extension to 10 degrees. There was negative facet loading and negative straight leg raising. Tenderness was noted over the right gluteus medius. Upon examination of the right hip, there was limited flexion to 100 degrees, painful internal and external rotation, tenderness along the superior aspect of the right inguinal ligament, and pain with internal rotation and flexion of the hip. There was normal motor strength in the bilateral lower extremities, with intact sensation. It was noted that the injured worker had an uneven leg length, with the right leg shorter than the left by 1 inch. Recommendations included a referral to a urologist for monitoring of testosterone levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REFERRED TO UROLOGIST WITHIN MPN FOR MONITORING OF TESTOSTERONE LEVELS.: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM , CHAPTER 7- INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, PAGES 127, 156

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92..

**Decision rationale:** The CA MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. In this case, there was no documentation of any recent laboratory studies to include a recent testosterone level. If there is a presumed or abnormal level caused by medication, the provider should discontinue the medication and continue to monitor prior to a specialty referral. Within the documentation provided, there was no medical rationale for the requested referral. Given the above, the request is not medically appropriate.