

Case Number:	CM14-0120599		
Date Assigned:	09/16/2014	Date of Injury:	11/01/2008
Decision Date:	12/11/2015	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/28/2014

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. 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: Florida, New York, Pennsylvania
 Certification(s)/Specialty: Family Practice

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 62 year old female, who sustained an industrial injury on 11-1-08. The injured worker was diagnosed as having status post right carpal tunnel release on 1-22-14 and left carpal tunnel syndrome. Subjective findings (2-5-14, 5-12-14 and 6-9-14) indicated 6-7 out of 10 pain in the right hand-wrist with radiating pain to the right forearm. The injured worker also reported loss of bladder control. Objective findings (5-12-14, 6-9-14) revealed a positive Phalen's test in the left wrist and diminished light touch in the median nerve distribution. Treatment to date has included occupational therapy, topical medications and a weight loss program. The Utilization Review dated 7-8-14, non-certified the request for a consult for sexual dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult for Sexual dysfunction: 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 UpToDate - Sexual Dysfunction - Accessed 7Dec15.

Decision rationale: The injured workers DOI was 1 Nov 08. The problems were noted as status post right carpal tunnel release and left carpal tunnel syndrome. A brief note associated with a requested Urology consultation noted incontinence (onset, frequency, severity, precipitating events or cofactors not listed) and sexual dysfunction. No objective findings were documented. No details provided. No rational link to the members existing compensable injury and the new findings is suggested or intimated. Sexual problems are highly prevalent in women. In the United States, approximately 40 percent of women have sexual concerns and 12 percent report distressing sexual problems. Female sexual dysfunction takes different forms, including lack of sexual desire, impaired arousal, inability to achieve orgasm, pain with sexual activity, or a combination of these issues. Treatment must be tailored to the sexual dysfunction diagnosis or diagnoses and to underlying physical and psychological factors. Female sexual dysfunction is multifactorial, often with several different etiologies contributing to the problem. Many physical and psychological conditions are associated with sexual dysfunction. Sometimes a sexual problem can be ameliorated by diagnosing and treating an underlying problem or by adjusting therapy to minimize sexual side effects. As an example, women with depression who are experiencing sexual side effects on a selective serotonin reuptake inhibitor (SSRI) can sometimes be treated with a different class of antidepressant. Sexual disorders can be complex and their treatment can be time intensive and require special expertise. To utilize the consultant to maximum benefit the minimum necessary information would include a basic history of the problem which is absent in this case. Without supporting documentation with regard to the problem and its potential link to the ongoing management of the underlying industrial injury there is insufficient justification to proceed to a consultation. Therefore, the request is not medically necessary.