

Case Number:	CM14-0187825		
Date Assigned:	11/18/2014	Date of Injury:	06/19/2009
Decision Date:	01/14/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/11/2014

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, has a subspecialty in Nephrology and is licensed to practice in California. 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:

This is a 60-year-old male with a 6/19/09 date of injury, when he experienced sharp left groin pain while lifting a metal ramp. The patient underwent a left inguinal hernia repair in 2009. The progress report dated 8/25/14 indicated that the patient complained of significant erectile dysfunction and stated that he was having normal erections five years ago. The note stated that the patient was utilizing a medication to obtain an erection, with no benefits. The patient was seen on 10/21/14 for the monitoring of his blood pressure, GI issues, sleep disorder, erectile dysfunction and diabetes. Exam findings revealed blood pressure of 142/92, pulse of 82 and glucose of 155. There was no jugular distension, peripheral edema or heart gallop. The diagnosis is cervical and lumbar spondylosis, bilateral rotator cuff tear, erectile dysfunction, GERD, diabetes mellitus, hypertension and status post left inguinal hernia repair. Treatment to date: inguinal hernia repair, work restrictions, multiple steroid injections and medications. An adverse determination was received on 10/28/14 given that there has not been explanation regarding the sexual dysfunction on the basis of the injury or medication prescribed and no report of testosterone level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urology consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7:

Independent Medical Examinations and Consultations page 127, and on the Non-MTUS Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127, 156

Decision rationale: CA MTUS states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. However, there is a lack of documentation indicating that the patient's erectile dysfunctions were a result of an industrial injury. In addition, the testosterone and gonadotropin levels were not available for the review and there was not comparison between the testosterone levels in the past and present. Lastly, given that the patient was suffering from erectile dysfunctions for past five years it is not clear, if he was seen by the urologist in the past and if any diagnostic tests were performed. Therefore, the request for Urology consultation was not medically necessary.