

<b>Case Number:</b>	CM14-0192306		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	12/16/2011
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Family Medicine and is licensed to practice in New Jersey and 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 injured worker is a 59 year-old male who was injured on 12/16/11 when he fell backwards, using his right arm to break the fall from which he felt a "crunch" and "pop". He landed on his back and struck his head without loss of consciousness. He complained of neck, lower back, upper back, and right shoulder pain. His lumbar pain radiated to his right lower extremity, with stiffness and tightness in the lower back. He ambulates with a cane and occasionally uses a walker at home. On exam, he had normal strength and sensation of the lower extremities. He had x-rays done and was treated with Vicodin and a right arm brace. He physical therapy for his right shoulder, neck, mid back and lower back which provided mild to moderate temporary relief of his right upper extremity pain. He had MRIs of shoulder, cervical and lumbar spine MRI. The lumbar MRI showed mild degenerative changes in the lumbar spine, foraminal stenosis, facet arthropathy, and disc bulge. He was diagnosed with cervical spine disc bulges, thoracic spine strain, lumbar spine disc rupture, and right shoulder surgery. He was also diagnosed with depression. In 4/2014, he had right shoulder arthroscopic synovectomy, debridement of the labrum, subacromial decompression acromioplasty, distal clavicular resection Mumford procedure, and rotator cuff repair on 4/30/14. His treatment plan also included aquatic therapy with which he had significant improvement. His medications included opiates, anti-inflammatories, and proton pump inhibitor. He complained of issues with erection and loss of bladder control, which was possibly attributed to depression or pain medication. As per one progress note, he had difficulty engaging in sexual activities prior to the injury. In 2011, he was evaluated by a urologist for sexual dysfunction and was prescribed Cialis. The urologist claimed that the diagnosis was a result of the injury he sustained on 12/15/11 (one day different than the utilization review's date of injury) and that he had no history of sexual dysfunction previously. He was determined to be permanent and stationary from a urologic perspective and advised to

continue with Cialis and follow-up with his primary care physician. He had a normal genitourinary examination, renal ultrasound, urinalysis, pelvic ultrasound, and scrotal ultrasound. The current request is for another consultation with a urologist.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Consultation with a Urology Specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Office Visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Disability page(s) 92

**Decision rationale:** As per the MTUS guidelines, "referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan." Consultations are warranted if there are persistent symptoms. The MTUS does not give specific recommendations on urology consultations. In one progress note, it was stated that patient had sexual dysfunction prior to the injury. In contrast, the urologist had stated that the injury had led his sexual dysfunction. However, because the patient was already evaluated by urology and determined to be permanent and stationary in regards to his sexual dysfunction and had a treatment plan in place, the request for another evaluation is considered not medically necessary.