

<b>Case Number:</b>	CM15-0201416		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	05/13/1972
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: North Carolina

Certification(s)/Specialty: Urology

### 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 male, who sustained an industrial injury on May 13, 1972, incurring low back injuries. He had a history of renal cell carcinoma with a surgical left nephrectomy. Currently, the injured worker complained of persistent urinary difficulties with urgency, frequency and slow stream and erectile dysfunction. The injured worker had a prostate biopsy revealing prostate carcinoma and neoplasia. He was diagnosed with prostate cancer, renal cell carcinoma, renal insufficiency, renal cyst and BPH. The treatment plan that was requested for authorization included a laparoscopic radical prostatectomy, bilateral pelvic lymph node dissection, male sling, radical resection pelvic tumor and laparoscopic lysis of adhesions and a two-day hospital stay. On September 9, 2015, a request for surgery and a two day inpatient hospital stay was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One laparoscopic radical prostatectomy, laparoscopic bilateral pelvic lymph node dissection, male sling, radical resection pelvic tumor, and laparoscopic lysis of adhesions:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; National Collaborating Centre for Cancer.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. AUA guidelines: [www.auanet.org/education/guidelines/prostate-cancer.cfm](http://www.auanet.org/education/guidelines/prostate-cancer.cfm)2. RALP May Be Better than Active Surveillance: [www.renalandurologynews.com/ralp-may-be-better-than-active-surveillance/article/169426/#](http://www.renalandurologynews.com/ralp-may-be-better-than-active-surveillance/article/169426/#).

**Decision rationale:** Medical records (including ultrasound and biopsy results) provided indicate that this patient has early-stage prostate cancer. Laparoscopic prostatectomy is medically necessary in this case. AUA guidelines support that laparoscopic prostatectomy is an acceptable treatment option for early-stage prostate cancer. In this case, all treatment options were reviewed with the patient and a joint decision to proceed with surgery was made by the patient and surgeon.

**Two (2) day hospital stay:** 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 Comparison of length of hospital stay between radical retropubic prostatectomy and robotic assisted laparoscopic prostatectomy.: [www.ncbi.nlm.nih.gov/pubmed/17296378](http://www.ncbi.nlm.nih.gov/pubmed/17296378).

**Decision rationale:** According to Nelson et.al (see above), the average length of hospitalization for this type of surgery is 1.17 days. Obviously, this can vary depending upon many intra-op and post-op factors. Therefore, the request is not medically necessary.