

Case Number:	CM14-0148211		
Date Assigned:	09/18/2014	Date of Injury:	02/25/2013
Decision Date:	10/16/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/11/2014

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 Occupational Medicine, 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:

There were 94 pages provided for this review. The request was for a right epididymectomy. The request for independent medical review was signed on September 1, 2014. The patient complains of pain at the right testicle. An epididymectomy was indicated as an option for acute epididymitis, and for refractory cases of epididymitis. There is mention of possible neurologic involvement. No electrodiagnostic studies were submitted ruling this out. There is a complaint of testicular pain without the necessary studies confirming the pain generator. The patient is a 52-year-old machine operator injured on February 25, 2013. He sustained a work-related injury after lifting the role of plastic weighing 110 pounds from the ground into a cart. There was discomfort in the low back. He then developed on February 27, 2013 severe pain in the right groin area. A lump was noted on the right testicle which was painful.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right epididymectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anatomy of the epididymis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.mdguidelines.com/epididymitis>

Decision rationale: The MTUS and ODG are silent on this procedure. The Medical Disability Advisor notes that surgery is rarely needed: The Medical Disability Advisor Antibiotics are given if a bacterial infection is causing the epididymitis. If the epididymitis occurred as a result of a sexually transmitted disease, then the individual's sexual partner(s) should also be treated with antibiotics. The type of antibiotic, how it is given, and the duration of the therapy depend on the bacterial strain causing the infection. Nonsteroidal anti-inflammatory agents are frequently used to reduce pain and swelling. Absolute bed rest is instituted for 3 to 4 days with the scrotum elevated and ice packs applied to relieve swelling. Occasionally, a local anesthetic is injected into the spermatic cord to relieve severe pain. The treatment for nonbacterial epididymitis is identical except antibiotics are not administered. Strenuous exertion should be avoided for at least 2 weeks after the tenderness subsides. Surgical removal (epididymectomy) of the section of inflamed epididymis is rarely necessary. It is not clear what past treatment has been rendered, or if there are accurate diagnostics to confirm this surgery is needed to address what the mass is. The request was appropriately not medically necessary.