

Case Number:	CM15-0179392		
Date Assigned:	09/21/2015	Date of Injury:	08/08/1997
Decision Date:	10/29/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/11/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 61-year-old who has filed a claim for morbid obesity, a gunshot wound, and erectile dysfunction reportedly associated with an industrial injury of August 8, 1997. In a utilization review report dated August 25, 2015, the claims administrator failed to approve request for a follow-up visit. The claims administrator referenced a July 10, 2015 office visit in its determination. The claims administrator acknowledged that the applicant had a penile prosthesis implanted on June 9, 2015 but nevertheless went on to deny the follow-up visit, invoking non-MTUS ODG Guidelines. On an RFA form dated July 10, 2015, a follow-up visit was sought. In an associated progress note of July 10, 2015, the applicant reported having developed excellent erections with minimal discomfort one month after a penile prosthetic implant. The applicant was to follow up in a month to further evaluate the penile implant.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Follow-up visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis (Acute and Chronic), Office visits.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Yes, the proposed follow-up visit was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are "often warranted" in order to provide structure and reassurance even in those applicants whose conditions are not expected to change appreciably from week to week or visit to visit. Here, the applicant had recently undergone a penile prosthetic implant, as suggested above. Obtaining a follow-up visit was indicated, at a minimum, to ensure the ongoing viability of the same. Therefore, the request was medically necessary.