

Case Number:	CM13-0005967		
Date Assigned:	11/08/2013	Date of Injury:	05/15/1996
Decision Date:	07/30/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	08/01/2013

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 Orthopedic Surgery 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:

The patient is a 55-year-old male with an industrial injury date of May 15, 1996. According to the application for IMR, the primary diagnosis is lumbago. An operative report dated April 1, 2009 documents the patient underwent left L4-5 microdiscectomy with hemilaminotomy and foraminotomy. According to a progress report dated October 16, 2013, the patient presented for follow-up evaluation for low back pain rated 5/10, back pain is located in the lumbar area, upper back, lower back, and both legs. He also has cervical pain rated 3/10, knee pain 5/10, and leg pain, swelling, rated 9/10. The medical history is positive for diabetes. Past surgical history, the patient admits to surgical history of knee surgery in 2010, gastric bypass, carpal tunnel surgery, shoulder, right knee replacement in 2011, and back surgery in 2011, 2009. On physical examination, the patient moves stiffly, he has 4/5 symmetric quadriceps and hip flexors, 5/5 of other muscle groups, on skin abnormalities, 1/4 bilateral reflexes, positive left FABER maneuver, pain with palpation of L3-4 to L5-S1 facets bilaterally, pain with lumbar rotation. Authorization was requested for prescribed medications, home health evaluation tools, and follow-up with other providers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abdominoplasty: 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 Other Medical Treatment Guideline or Medical Evidence: Aetna - Clinical Policy Bulletin - Abdominoplasty.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG), do not discuss the issue in dispute. According to the referenced guidelines, Abdominoplasty, known more commonly as a tummy tuck, is a surgical procedure to remove excess skin and fat from the middle and lower abdomen and to tighten the muscles of the abdominal wall. The procedure can improve the appearance of the torso by reducing the protrusion of the abdomen. However, abdominoplasty is considered cosmetic because it is not associated with functional improvements. Abdominoplasty is a cosmetic procedure. The request for an abdominoplasty is not medically necessary or appropriate.