

<b>Case Number:</b>	CM13-0017716		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	12/01/1995
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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 General 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:

This 50 year old male was injured 12/1/95. The mechanism of injury was a slip and fall. He developed a chronic regional pain syndrome of the left foot and is now in a wheel chair. The patient was seen by surgeon [REDACTED] on 6/12/13 when he complained of a 3 year history of right breast pain. The right breast was noted to be enlarged and there was central right breast tenderness. The patient had had a mammogram but the surgeon did not have that report. He ordered a breast ultrasound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OUTPATIENT SURGERY - RIGHT PARTIAL BREAST EXCISION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Plastic Surgeons regarding breast reduction for men.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Expert Opin Drug Saf. 2012 Sep; 11(5):779-95. doi: 10.1517/14740338.2012.712109. Epub 2012 Aug 6. "Drug-induced gynecomastia: an evidence-based review", on "Gynecomastia: its features, and when and how to treat it," and on "Gynaecomastia-pathophysiology, diagnosis and treatment."

**Decision rationale:** A Mammogram from 7/24/13 reported mild right gynecomastia unchanged from 2011. The 2011 report indicated bilateral gynecomastia more marked on the right. There has not been either an abdominal or testicular examination. There have not been liver function studies. Sex hormone levels have not been reported in a patient with CRPS on narcotics. The patient has been on and continues to be on several medications that could be associated with gynecomastia. A 2011 mammogram showed bilateral gynecomastia and the 2013 showed that the left gynecomastia had disappeared (possibly due to a change in medications). There has not been a trial of drug cessation. Surgery for right gynecomastia is not indicated or medically necessary at this point.