

Case Number:	CM13-0030990		
Date Assigned:	12/04/2013	Date of Injury:	10/22/2007
Decision Date:	02/07/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 53-year-old male with a work-related injury on 10/22/07. Treating doctor's note dated 04/03/13 revealed the patient gave a history of being involved in a motor vehicle accident where he was a passenger in a work truck and he sustained lacerations to the right forehead/eyelid and neck injuries. He has been complaining of foreign bodies including glass in the laceration of the forehead and difficulty with his right side with double vision with the brow being lower and pressing his eye lid. Exam finding revealed evidence of laceration which has been repaired in the forehead area. There is laceration over the right brow and eyelid, the right upper eyelid is very full and the brow is slightly lower and there is evidence of excess tissue above the right eyelid which is causing part of the problem with his double vision. It was noted that his problem with the right upper eyelid being very full and the brow being down from the injuries causing double vision can be corrected with upper bilateral blepharoplasty. However, this will have to be done on both sides to obtain symmetrical appearance. PTP PR2 dated 9/11/13 reveals patient has had difficulties with recovery after his lumbosacral operative fixation on 6/27/13. He is currently undergoing Aquatic therapy and taking pain meds. His current meds include Norco 10/325mg, Klonopin 1mg, Prilosec 20mg and Sonata 10mg. Exam findings revealed patient has antalgic gait favoring right lower extremity and well healed incisions on his left hip and back. Diagnosis is status post neck surgery C3-4 ACDF with allograft in May 2009, persistent low back pain, left anterior thigh pain and lumbosacral operative fixation 6/29/13, chronic headaches, chronic left shoulder pain and left ulnar and median neuropathies. Request is for neuropsych consultation as patient is reporting difficulties with memory and plastic surgery as recommended by plastic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

neuropsychology consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

Decision rationale: This request is not currently necessary with the data available. There is a question of memory loss, but there is no further information or investigation done by the primary treating physician. There is no indication of quality, duration, onset, or severity. This fundamental information would aid in deciding the appropriate consult, versus the statement of memory loss alone. Further information is required for this consult in order to make it efficient and productive. As written, neuropsychology may not be the appropriate consult.

Plastic surgery as recommended by a plastic surgeon: 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 CMS Guidelines from United Healthcare

Decision rationale: Further information needs to be given to evaluate the need for this surgery. CA MTUS does not address blepharoplasty (as requested by the plastic surgeon in 4/2013). CMS guidelines give recommendations for indication of blepharoplasty. They include a documented vision deficit that leads to a change in the patient's ADLs and photography documentation of the eyelid deformity. There is no such documentation currently. A more current exam and photographs would be needed to approve this surgery. As there is no documentation to meet current guides, this surgery is not currently appropriate.