

Case Number:	CM13-0033330		
Date Assigned:	12/06/2013	Date of Injury:	02/28/2013
Decision Date:	02/27/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/09/2013

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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland. 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 a 61 year old male with a reported date of injury of 2/28/13 and has a diagnosis of parotid mass consistent with Warthin's tumor. He is documented to have had ammonia exposure while at his occupation. On 3/1/2013 the patient is noted that while working as a security guard he had a 4 hour exposure to ammonia fumes. He complained of a 'slight scratchy throat without shortness of breath.' He is documented to be a smoker of 1 pack per day. 'According to the patient, the present injury/illness is related to a single specific event.' Examination was without relevant findings and the patient was counseled to stop smoking. On 3/4/13, the patient is noted to have a 'new nodule below the left ear'. On examination dated 3/25/13, he is noted to have a complaint of a nodule below the ear and symptoms that are 'faint'. Length of employment is documented as 6 months to 2 years and has been working continuously since his reported date of injury. On examination there is 'palpable anterior cervical lymphadenopathy - non tender nodule below the left ear.' Recommendations were made as 'awaiting ENT authorization, nodule below the left ear unchanged.' CT scan dated 7/1/13 documents findings of a left parotid mass consistent with a possible Warthin's tumor or enlarged intrasubstance lymph node. Biopsy report dated 7/26/13 notes findings consistent with or highly suggestive of a Warthin tumor. ENT evaluation on 9/3/13 notes a recommendation for left parotidectomy, assistant surgeon, facial nerve monitoring and Alloderm to treat 'findings suggestive of a Warthin tumor' based on CT scan results and biopsy of the parotid gland. Utilization review dated 9/11/13 denied the requested procedures of left parotidectomy, assistant surgeon, facial nerve monitor, and alloderm (alloderm). Reasoning given was that medical necessity had not been established. Other therapies were not specifically stated. Clinical notes do not show evidence that the patient has any pain complaints or that the tumor has significantly grown in size. Standard of care would indicate observation to watch for changes in the tumor over time. A journal reference was

provided to support conservative treatment as the California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM), and Official Disability Guidelines (ODG) do not specifically address this issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. Hirshoren, Nir, et al. "Is Surgery for an FNA proven Warthin's Tumor Passe'?. "Journal of cancer therapeutics and research 1.1 (2012):9. 2. Chedid, Helma Maria, et al. "Wathin's tumor of the parotid gland: study of 70 cases." Revista do Cole'gio Brasileiro de

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. Ariyan S, Narayan D, Ariyan C, 'Salivary Gland Tumors', Chapter 107 Volume V from Plastic Surgery, 2nd edition, editor SJ Mathes, p. 77, 2006. 2. Haimisha Mistry, Sunil Sah, and David Laugharne, 'Management of Warthin's tumor of the parotid gland' British Jour

Decision rationale: The patient is a 61 year old male with a well-documented parotid tumor consistent with a likely Warthin tumor diagnosed by needle biopsy. The mass and its growth is concerning to the patient. A parotidectomy, assistant surgeon, Alloderm and facial nerve monitor was requested. A Warthin tumor is the second most common tumor of the parotid gland. From the 1st reference, p. 77, the tumor can be surgically removed. Recurrences are uncommon. 'Alternatively, the tumor may be left alone if the diagnosis is confirmed preoperatively and if the patient is willing to accept the facial appearance of fullness.' However, there is some diagnostic uncertainty with respect to Warthin tumor. The pathology results state that the biopsy is highly suggestive of Warthin tumor. From the 2nd reference, 'Warthin's tumour is usually treated surgically to confirm histological diagnosis. This study highlights the potential risk of adopting a conservative approach in light of the 6 out of 77 which proved to be malignant.' From the 3rd reference, 'Multifocal and/or bilateral Warthin tumors have been reported, and malignant transformation of Warthin tumor and its association with other malignancies have been documented. Warthin tumor can sometimes be confused with other pathologic lesions because of symptoms and signs that accompany the disease, so it could be treated as other pathologic lesions.' From the 4th reference, there may be inaccuracy with respect to the biopsy of Warthin tumor, as they state, 'An adequate awareness of these potential sources of erroneous diagnoses, coupled with appropriate clinical findings, may result in a higher accuracy rate.' Thus, I would argue that for this patient, based on diagnostic uncertainty, it is medically necessary to remove the mass by performing a parotidectomy. With respect to the reasoning provided in the utilization review, I would argue that there are no other therapies that could be reasonably considered to treat the parotid mass. There does not have to be pain or other symptoms present for removal to be considered medically necessary. As reasoned above, there is some diagnostic uncertainty present which is supported by the biopsy and by review of the references. In addition, waiting for the mass to grow in size, may make the resection more

difficult or the resulting facial defect more apparent. For some patients, monitoring for changes without surgical resection may be appropriate but based on the entirety of the medical record and review of the references, surgical resection in this patient is medically necessary. By removing the entire mass, the pathologist can accurately diagnose the patient and rule out other possible conditions that could be malignant. Thus, with a medically necessary procedure, an assistant surgeon should be considered medically necessary as well due to the complexity of performing a parotidectomy.

Facial nerve monitor: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. Hirshoren, Nir, et al. "Is Surgery for an FNA proven Warthin's Tumor Passe'?. "Journal of cancer therapeutics and research 1.1 (2012):9. 2. Chedid, Helma Maria, et al. "Wathin's tumor of the parotid gland: study of 70 cases." Revista do Cole'gio Brasileiro de

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Decision rationale: As reasoned above, a parotidectomy is medically necessary for this patient. It is well-known that the facial nerve travels through the parotid gland. Thus, it is reasonable to have a facial nerve monitor to ensure that this critical nerve is not injured.

Allerderm graft: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. Hirshoren, Nir, et al. "Is Surgery for an FNA proven Warthin's Tumor Passe'?. "Journal of cancer therapeutics and research 1.1 (2012):9. 2. Chedid, Helma Maria, et al. "Wathin's tumor of the parotid gland: study of 70 cases." Revista do Cole'gio Brasileiro de

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Decision rationale: As reasoned above, parotidectomy is medically necessary in this patient. As reasoned in the 5th reference, Frey's syndrome is a possible complication related to this surgery and a biologic barrier like Alloderm (acellular dermal matrix) can help to prevent it. 'The use of acellular dermal matrix (ADM) as an interpositional graft is an effective way of preventing Frey's syndrome after parotidectomy.'

Left parotidectomy under general anesthesia: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. Hirshoren, Nir, et al. "Is Surgery for an FNA proven Warthin's Tumor Passe'?. "Journal of cancer therapeutics and research 1.1 (2012):9. 2. Chedid, Helma Maria, et al. "Wathin's tumor of the parotid gland: study of 70 cases." Revista do Cole'gio Brasileiro de

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Decision rationale: As reasoned above, left parotidectomy for treatment of the patient's likely Warthin tumor is medically necessary. There is diagnostic uncertainty that can be adequately addressed with full surgical resection. Based on the review of the entire medical record and the cited references, parotidectomy in this patient is medically necessary.