

Case Number:	CM13-0043014		
Date Assigned:	12/27/2013	Date of Injury:	06/18/2012
Decision Date:	02/28/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/31/2013

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 42 year old female with a reported date of injury on 6/18/12. She is reported to have suffered injury to her right breast while changing a diaper and 'felt something pop in her breast.' In addition, she was also reported to suffer right shoulder strain from a traction injury for which she is receiving orthopedic examination and treatment. On October 18, 2012 she is recommended for general surgery/plastic surgery evaluation for right side upper chest complaints. Evaluation from 2/1/13 notes right anterior chest wall pain and right breast pain and firmness. CT scan was performed on 3/18/13 and findings noted 'There is an area of high attenuation in the right breast implant which has appearance of a fold on the sagittal and coronal reformats. No discrete fluid collections are identified in the area of the breast implants.' Evaluation on 7/05/13 notes the patient has 'constant pain and hardness to the right breast.' Examination notes Grade IV capsular contracture of the right breast and 'left breast reveals a Grade II capsular contracture which is relatively normal. It does not cause her any pain.' Reasoning stated for the right breast findings include that she likely had a low grade hematoma that has caused a capsular contracture. Recommendations are made for treatment of both breasts as correcting the right side would create asymmetry. A request was made for treatment of both sides and a modified determination was made on 8/2/13 that certified treatment of the right side but not the left side. Photographs were not provided in the medical documentation reviewed. Utilization review dated 9/30/13 did not certify capsulotomy of the left breast implant, removal of implant and replacement. Reasoning given was that there is 'limited evidence of significant capsular contracture on the left breast to warrant a surgical removal and replacement of implant. The right breast implant will be replaced to match the left side.'

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsulotomy of the left breast, removal and replacement of implant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 'ASPS Positions on Recommended Insurance Coverage Criteria' 'Breast Reconstruction for Deformities Unrelated to Cancer Treatment (9/2004)' American Society of Plastic Surgeons, from <http://www.plasticsurgery.org/for-medical-professionals/legislation-and-advocacy/>

Decision rationale: The patient is a 42 year old female who had previously undergone bilateral augmentation mammoplasty with implants. She is documented to have suffered trauma to the right breast, which may have caused a symptomatic right breast deformity of Grade IV capsular contracture. As stated by the requesting physician, a capsular contracture of an implant can occur if there is trauma especially if there was a hematoma formation. There is a symptomatic deformity possibly caused by trauma. However, this is not present for the left side. There is no history of trauma on this side. The examination finding of a Grade II capsular contracture does not support that there is a significant deformity that justifies surgical treatment. Treatment cannot be considered reconstructive and thus is not medically necessary. In summary, the patient has a significant right sided deformity possibly caused by trauma and warrants surgical correction, as supported by a previous utilization review. However, the patient, as documented by the requesting surgeon, has a relatively normal left breast as this is consistent with a Grade II capsular contracture. By definition the shape of the breast is maintained and there is no other evidence to suggest that there is a significant deformity. As provided in the references, this type of condition does not generally warrant surgical treatment and there is no evidence to the contrary. Thus, I agree with the utilization review and capsulotomy of the left breast, removal of implant and replacement should not be certified.