

<b>Case Number:</b>	CM13-0059471		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/17/2002
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Internal Medicine and is licensed to practice in New York. 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 case concerns a 49-year-old female who sustained an industrial injury on 04/17/2002. The mechanism of injury was not provided. Her diagnosis is carpal tunnel syndrome. She describes facial wasting that she attributes to the use of Celebrex for her carpal tunnel condition. On exam, she has Fitzpatrick I/II skin with marked bitemporal wasting and a paucity of subcutaneous fat of the face. There is moderate excess of facial skin with moderate periorbital hollowing and moderate excess upper lid skin, and moderate loose lower lid skin. The current diagnoses include facial aging with severe atrophy of subcutaneous fat and facial muscle. The treatment to date includes medication. The treatment requested is fat grafting, bilateral and temporal regions, periorbital regions, cheeks and jawline, facelift, blepharoplasty, and inpatient length of stay (LOS) one (1) day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FAT GRAFTING OF THE BILATERAL TEMPORAL REGIONS, PERIORBITAL REGIONS, CHEEKS, AND JAWLINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation eMedicine article, "Facial Fat Grafting" (<http://emedicine.medscape.com/article/1283020-overview#a03>).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2013 Plastic Surgery Procedures.

**Decision rationale:** There is no indication for fat grafting on the basis of the industrial injury of 04/17/2002. The indications for fat grafting include correction of atrophy due to aging or scarring and enhancement of facial elements. There is no correlation between Celebrex use and facial wasting. The medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

**FACELIFT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation article, "Composite Facelift" (<http://emedicine.medscape.com/article/1293918-overview#a03>).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2013 Plastic Surgery Procedures.

**Decision rationale:** There is no indication for a facelift as a consequence of the industrial injury of 04/17/2002. According to the literature, facial rejuvenation can be accomplished by various surgical techniques. There is no correlation between Celebrex use and facial wasting. The medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

**BLEPHAROPLASTY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Lower Eyelid Laxity Blepharoplasty" (<http://emedicine.medscape.com/article/839264-overview>).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2013 Plastic Surgery Procedures.

**Decision rationale:** Blepharoplasty is one of the most commonly performed plastic surgery procedures. There is no correlation between Celebrex use and facial wasting. The medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

**ONE (1) DAY INPATIENT STAY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Facial Fat Grafting" (<http://emedicine.medscape.com/article/1283020-overview#a03>).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2013 Plastic Surgery Procedures.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.