

Case Number:	CM13-0061720		
Date Assigned:	12/30/2013	Date of Injury:	10/31/2005
Decision Date:	08/04/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	12/05/2013

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, has a subspecialty in Plastic Surgery, and is licensed to practice in Arizona and Texas. 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 injured worker is a 40-year-old female who reported an injury on 10/31/05. The mechanism of injury was not specifically stated. The latest Physician's Progress Report submitted for this review is dated 9/24/13. It is noted that the injured worker had been issued authorization for a nodule excision to the left forearm. The current medications include Lyrica, Lunesta, and Voltaren gel. Physical examination revealed a lump located 4 cm to 5 cm above the wrist crease on the left, tenderness to palpation, radiating pain, and limited range of motion. Previous conservative treatments include an A1 pulley injection. Treatment recommendations at that time included a lump excision from the forearm with decompression of the median nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL BRACHIOPLASTY: 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 Annals of Plastic Surgery: May 2010 - Volume 64 - Issue 5 - pp 588-591. Clinical Papers: Southeastern Society of Plastic and Reconstructive Surgeons. An Outcome Analysis of Brachioplasty Techniques Following Massive Weight Loss. Symbas, John D. MD; Losken, Albert MD.

Decision rationale: According to an article written by the Southeastern Society of Plastic and Reconstructive Surgeons, body contouring following massive weight loss has gained in popularity. A retrospective review was performed on all patients who underwent a brachioplasty procedure. It was determined that brachioplasty is a relatively safe and effective procedure for upper body contouring in the massive weight loss patient. As per the documentation submitted, there was no Physician's Progress Report submitted by the requesting physician. The injured worker has maintained weight loss after two separate abdominal panniculectomies. However, there was no physical examination provided by the requesting plastic surgeon. There were no photos or imaging studies provided. The medical records provided for this review do not document medical treatment following a massive weight loss procedure. As such, the request is not medically necessary.

ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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