

Case Number:	CM13-0066394		
Date Assigned:	01/08/2014	Date of Injury:	01/28/2013
Decision Date:	04/25/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/16/2013

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 Otolaryngologist and is licensed to practice in 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 patient reported an injury on 01/28/2013. The patient was injured when she was struck in the face by a piece of mechanical equipment. The patient is diagnosed with deviated nasal septum. The patient was recently seen by [REDACTED] on 10/11/2013. The patient reported improvement in the scar tissue on the bridge of her nose. The patient also reported persistent blockage of the nasal passageway on the left. Physical examination revealed a less apparent scar on the bridge of the nose, slightly thickened scar tissue, deviated septum to the left and enlarged turbinates. Treatment recommendations at that time included a septoplasty with bilateral submucosal turbinate trim

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR OUTPATIENT SEPTOPLASTY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Septoplasty

Decision rationale: California MTUS Guidelines state when choosing an invasive procedure to treat a specific chronic pain problem, a complex judgment is necessary to make sure that the desired and expected outcome is worth the risk involved, depending on the procedure and individual risk factors. Official Disability Guidelines state criteria for a septoplasty includes nasal airway obstruction or difficult nasal breathing, frequent nose bleeds, atypical facial pain of nasal origin, or asymptomatic deformity. Objective findings should include description of the complete anterior and posterior nasal examination, documentation of an absence of nasal polyps, tumors, turbinate hypertrophy, or other causes of obstruction, identification of known or suspected bleeding site, identification of sinus that is recurrently infected, description of nasal pharynx, oral pharynx, hypopharynx, and larynx, and objective testing such as a CT scan. As per the documentation submitted, the patient's physical examination on the requesting date of 10/11/2013 revealed a deviated septum with enlarged turbinates. The patient does not report mouth breathing, snoring, sleep apnea, or recurrent sinus infections. The patient does not report frequent nose bleeds, atypical facial pain, or asymptomatic deformity. There is no indication of a significant injury or functional deficit that would warrant the need for a surgical intervention at this time. Therefore, the current request cannot be determined as medically appropriate. As such the request is non-certified

THE REQUEST FOR BILATERAL TURBINATE TRIMMING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Septoplasty

Decision rationale: California MTUS Guidelines state when choosing an invasive procedure to treat a specific chronic pain problem, a complex judgment is necessary to make sure that the desired and expected outcome is worth the risk involved, depending on the procedure and individual risk factors. Official Disability Guidelines state criteria for a septoplasty includes nasal airway obstruction or difficult nasal breathing, frequent nose bleeds, atypical facial pain of nasal origin, or asymptomatic deformity. Objective findings should include description of the complete anterior and posterior nasal examination, documentation of an absence of nasal polyps, tumors, turbinate hypertrophy, or other causes of obstruction, identification of known or suspected bleeding site, identification of sinus that is recurrently infected, description of nasal pharynx, oral pharynx, hypopharynx, and larynx, and objective testing such as a CT scan. As per the documentation submitted, the patient's physical examination on the requesting date of 10/11/2013 revealed a deviated septum with enlarged turbinates. The patient does not report mouth breathing, snoring, sleep apnea, or recurrent sinus infections. The patient does not report frequent nose bleeds, atypical facial pain, or asymptomatic deformity. There is no indication of a significant injury or functional deficit that would warrant the need for a surgical intervention at this time. Therefore, the current request cannot be determined as medically appropriate. As such the request is non-certified

