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| Case Number: | CM14-0004198 | | |
| Date Assigned: | 02/03/2014 | Date of Injury: | 01/14/2011 |
| Decision Date: | 07/21/2014 | UR Denial Date: | 12/10/2013 |
| Priority: | Standard | Application Received: | 01/09/2014 |

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 Plastic Surgery and is licensed to practice in California. 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 12/3/13 medical report identifies that the patient had a successful bilateral breast reconstructive procedure to help correct acquired deformities that she suffered as a result of a motor vehicle accident during work while pregnant on 01/04/2011. She had severe dynamic deformity of her right chest/breast region as well as acquired breast asymmetry, severe breast ptosis and involutinal hypoplasia after the birth of her child. The corrective procedure on 10/15/2012 consisted of surgical release of the scar-tissue between her right pectoralis muscle and breast tissue, placement of Allergan Silicone Gel Breast Implants in the submuscular position and bilateral vertical-type matopexies. She went on and healed quite well. The accident causes extensive trauma to the right breast/chest region that resulted in a lot of scar-tissue formation. With her surgery, this had been greatly improved upon, however, she does continue to suffer from some ongoing discomfort and dynamic deformity on the right side that causes her pain and remains an ongoing reminder of her accident. A full year has elapsed after her initial operative procedure to examine and re-assess her results. The patient also expressed a desire to replace her gel implants to slightly larger ones for overall improved size and shape, as well as a better proportion and symmetry. The treating provider has requested R/R silicone implants bilateral capsulectomy and bilateral anchor lift.

IMR ISSUES, DECISIONS AND RATIONALES

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

R/R SILICONE IMPLANTS BILATERAL CAPSULECTOMY BILATERAL ANCHOR LIFT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aesthetic Plastic Surgery, Volume 37, Issue 1, Page 91-94 and Ruptured Poly-Implant Protheses Breast Implant after Aesthetic Breast Augmentation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Breast Reconstructive Surgery.

Decision rationale: The patient is status post bilateral sub-pectoral breast augmentation with vertical mastopexy. The doctor describes dynamic deformity and asymmetry with recurrent ptosis. The prior adverse determination was reviewed. The doctor has proposed revision removal replacement, capsulectomy, and correction of the ptosis. However, there is no comprehensive breast examination clearly describing the deformity. There has been no submission of photographs documenting objectively the dynamic contracture. It has not clearly been established that there is any need for implantation of a larger size, nor implantation of the more cohesive gel implants. There is no description of functional limitations. Medical necessity for the requested items has not been established. The requested items are not medically necessary.