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| Case Number: | CM14-0106157 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 03/17/2014 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 06/04/2014 |
| Priority: | Standard | Application Received: | 07/09/2014 |

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 General Surgery and Plastic Surgery and is licensed to practice in Texas and Arizona. 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 48-year-old female who reported an injury on 03/17/2014 after a fall. The injured worker reportedly sustained injuries to multiple body parts due to lacerations and a punctured breast implant. The injured worker was evaluated on 03/20/2014. It was documented that the injured left breast implant was outside of the treating provider's area of expertise and would require a plastic surgeon evaluation. The injured worker's most recent evaluation was dated 06/25/2014. It was documented that the injured worker continued to have multiple body part pain complaints. It was noted that the patient's treatment plan included a followup with a plastic surgeon as authorized by the carrier. A request was made for a left breast capsulectomy and replacement of the saline implant. No justification for the request was provided. No request for authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Breast Capsulectomy, Replacement of Saline Implant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.mcbl.nlm.nih.gov/pubmed/9727461>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/9727461> Slavin, S. A., & Goldwyn, R. M.

(1995). Silicone gel implant explantation: reasons, results, and admonitions. *Plastic and reconstructive surgery*, 95(1), 63-69.

Decision rationale: The requested left breast capsulectomy, replacement of saline implant is not medically necessary or appropriate. California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address this request. Peer reviewed literature does support implant replacement when there is evidence that the deflated implant is causing medical issues. There was no recent evaluation of the patient's implant to support the need for surgical intervention. There was no type of imaging provided to support the need for surgical intervention. There was no documentation that the injured worker's deflated implant was causing significant medical complications to support this as a medical procedure over an elective procedure. As such, the requested left breast capsulectomy and replacement of a saline implant is not medically necessary or appropriate.