

<b>Case Number:</b>	CM14-0117822		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/28/1999
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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, has a subspecialty in Plastic Surgery and is licensed to practice in Arizona & 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 48-year-old female who reported an injury on 10/28/1999. On 07/09/2014, she was diagnosed with breast pain, with a surgical history stated as augmentation of the breast with saline implants performed in 1993, removal of the implants and capsules in 07/2000, and correction of breast deformities on 04/11/2001. It was stated that after the injured worker had undergone her original augmentation with saline implants in 1993, she had been involved in a motor vehicle accident, whereupon she had been thrown forward, hitting the seatbelt and restraining plates in the vehicle. She noted immediate pain and swelling in the breast, with the left greater than the right; and after having a workup including a mammogram and MRI which failed to reveal any breast pathology, and noting the implants had not ruptured, her pain persisted and she subsequently had removal of the implants and capsules in 07/2000. After her correction in 04/2001, she initially had pain in the chest limiting the ability to drive her truck at work. She stated that when bending forward or lying down, she also had associated tingling in both arms and hands. She indicated feeling the need to push the breasts inward to correct the pain and tingling, and at the time, was wearing a 36DD bra. Upon examination, the nipple to notch distance was 25 cm, with an internipple distance of 20 cm, with a crease to the areola distance of 12 cm, and a breast width of 17 cm. She had mild tenderness over both breasts. They both were soft with well healed vertical mastopexy incisions. It was noted that the left breast and implant did fall more laterally when the injured worker lies down than the right. The treatment plan at this time was for a removal of the implants and revision of the mastopexies. She had been instructed at that time to wear a good, supportive bra.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral removal of breast implants: 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 Other Medical Treatment Guideline or Medical Evidence: Resende, M., Urban, C., & Rietjens, M. (2013). Implant Rupture. In *Oncoplastic and Reconstructive Breast Surgery* (pages 321-324). Springer Milan.

**Decision rationale:** According to the online article titled "Implant Rupture", although rupture is one of the main causes of implant removal, in the case of this injured worker, without indication that the injured worker has suffered a rupture of the implant or definitive physical dysfunction as relation to the implant or development of a potentially life threatening condition in relation to the implant, the request would be considered a cosmetic procedure and is not supported at this time

**Bilateral revision of reconstruction of breasts: 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 Other Medical Treatment Guideline or Medical Evidence: Albornoz, C. R., Bach, P. B., Mehrara, B. J., Disa, J. J., Pusic, A. L., McCarthy, C. M., & Matros, E. (2013). A paradigm shift in US Breast reconstruction: increasing implant rates. *Plastic and Reconstructive Surgery*, 131(1), 15-23.

**Decision rationale:** According to peer reviewed literature, most breast reconstructions are performed after injured workers have undergone either a radical mastectomy or in the course of cancer treatment, or due to a traumatic injury to the breast region. In the case of this injured worker, the documentation did not specify that the injured worker had any significant trauma to her chest wall area necessitating reconstruction of the breast tissue, nor is she undergoing any form of cancer treatment to necessitate the reconstructive procedure at this time. As such, the request is not deemed medically necessary and appropriate

**Bilateral mastopexy: 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 Other Medical Treatment Guideline or Medical Evidence "Safely Adapting Vertical Mastopexy to Simultaneous Augmentation.

**Decision rationale:** According to the online article titled "Safely Adapting Vertical Mastopexy to Simultaneous Augmentation," a greater portion of women presenting for breast augmentation are candidates for simultaneous mastopexy. However, in the case of this injured worker, without a more thorough rationale for necessitating a bilateral mastopexy with no history of current traumatic injury or breast cancer treatment, the request is not considered a medical necessity and appropriate.