

Case Number:	CM14-0130429		
Date Assigned:	08/20/2014	Date of Injury:	03/26/2014
Decision Date:	10/24/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/15/2014

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 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 injured worker is a 30 year old male who sustained an injury on 03/26/14 when he was assaulted. The injured worker's initial evaluation noted no evidence of a nasal septal deviation or indications of a fracture. The injured worker did have superficial abrasions with localized swelling at the left cheek. The most recent assessment was from 04/22/14 which identified no significant sinus pathology. There were no imaging or endoscopic evaluations provided for review. The proposed septoplasty and resection of the turbinates was denied on 08/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Septoplasty bilateral submucosal resection turbinate (SMRT): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Septoplasty

Decision rationale: In review of the clinical documentation provided, there is insufficient evidence to support the proposed septoplasty or turbinate resection procedures for this injured worker. The injured worker has had no recent ENT evaluation with endoscopy or CT of the

sinuses noting any substantial airway disease, significant obstruction of the nasal passages, or documented failure of non-operative treatment that would support the proposed procedures as medically necessary per current evidence based guideline recommendations.