

<b>Case Number:</b>	CM14-0160892		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	08/13/2012
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 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 38-year-old male who reported an injury on 08/13/2012; while doing his regular duties, a co-worker was holding a 10 foot ladder and let it go, it fell and hit him right in the face about the lip. This knocked him down but not unconscious. The injured worker had 10 sutures in his mouth. Physical examination, dated 08/06/2014, revealed ongoing pain in the head, neck, and back. It was reported to radiate up to the head, down the neck, and into the shoulders. The injured worker described the pain as aching, burning, stinging, shooting, severe, and radiating. The injured worker reported the pain a 9 on a scale of 0 to 10. The injured worker reported difficulty sleeping due to pain. He felt that his ability to sleep had gotten worse since the last visit. The injured worker felt that his relationships with other people have been affected by his pain due to irritability, withdrawal, stress, and depression. He has tried medications for depression with a 20 to 40% relief. Medications were Norco, Cymbalta, Lidoderm, Topamax, and pantoprazole. Examination of the neck, back, and extremities revealed no warmth over the joints noted. No crepitus noted in the joints. Trigger points palpated in the upper trapezius, lower trapezius, and splenius capitis bilaterally. There was pain and limited range of motion with flexion and extension of the cervical spine. Sensation was intact to light touch in the dermatomes C6-8 bilaterally. Biceps reflexes were 1+ bilaterally. Triceps reflexes were 1+ bilaterally. Brachioradialis reflexes were 1+ bilaterally. Adsen's test was positive bilaterally for the shoulders. The injured worker's subjective complaints were consistent with the objective findings. The injured worker still had chronic industrial related effects from the work injury. There were issues of post-traumatic headaches, memory loss, and muscle spasms around the neck and shoulder area. Treatment plan was for medications as directed. The Request for Authorization was not submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Plastic Surgery Consultation for Lip: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 127

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

**Decision rationale:** The decision for Plastic Surgery Consultation for Lip is not medically necessary. The Official Disability Guidelines states for office visits it is determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines, such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. There was a lack of documentation detailing a clear indication for the decision for plastic surgery consultation for the lip. The clinical documentation did not indicate the need for plastic surgery consultation. There was a lack of documentation of objective findings reported to support this decision. The rationale was not submitted to support the decision for plastic surgery consultation. The clinical information submitted for review does not provide evidence to justify a decision for plastic surgery consultation for the lip. Therefore, this request is not medically necessary.