

Case Number:	CM14-0027512		
Date Assigned:	06/16/2014	Date of Injury:	02/04/2008
Decision Date:	07/16/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/04/2014

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 Occupational Medicine 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 53 year old female who initially presented for a medication follow up visit. The note indicates the injured worker complaining of neck pain that was radiating to both upper extremities. The clinical note dated 10/31/13 indicates the injured worker having complaints of ongoing abrasions at the inner thighs secondary to excessive skin. The injured worker is also identified as having previously undergone a total knee arthroplasty in March of 2012. The injured worker has also undergone a lysis of adhesions secondary to a knee contracture in October of 2012. The clinical note dated 01/09/14 indicates the injured worker having previously undergone a bilateral breast reduction and panniculectomy. The injured worker continued with complaints of excess skin at both arms and both knees. The injured worker had complaints of chronic rashes. Upon exam, evidence of rashes was identified with irritation at both thighs and knees. The injured worker was being recommended for excess skin removal at both thighs and both arms. The clinical note dated 01/24/14 indicates the injured worker complaining of neck pain. Upon exam, the injured worker presented in slight to moderate distress. The injured worker's gait was identified as being antalgic. Tenderness was identified upon palpation in the lumbar region. No motor or sensory deficits were identified. The injured worker was identified as having undergone an MRI of the cervical spine and an MRI of the lumbar spine in 2008. The note indicates the injured worker utilizing Zolpidem and Tizanidine. The clinical note dated 03/25/14 indicates the injured worker having lost approximately 125 lbs. following bariatric surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILLATERAL THIGH EXCESS SKIN REMOVAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

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: 1.)Staalesen T, Elander A, Strandell A, Bergh C. A systematic review of outcomes of abdominoplasty. J Plast Surg Hand Surg. 2012;46(3-4):139-144.2.)Chadrick Evans, M.D., et al. The American Journal of Surgery. Volume 207, Issue 3, March 2014, Pages 441-444.Midwest Surgical Association. Massive panniculectomy results in improved functional outcome.

Decision rationale: The request for excess skin removal at both thighs is non-certified. The documentation indicates the injured worker having recently undergone bariatric surgery resulting in a significant weight loss of approximately 125 lbs. The injured worker is currently showing excess skin at both thighs and arms which has led to numerous rashes. Excess skin removal is indicated for injured workers who have demonstrated no responses to the use of anti-fungal or antibiotic medications. No information was submitted regarding the patient's previous use of medication addressing the ongoing rashes. Therefore, this request is not medically necessary.

BILLATERAL ARMS EXCESS SKIN REMOVAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Non MTUS 1.) Staalesen T, Elander A, Strandell A, Bergh C. A systematic review of outcomes of abdominoplasty. J Plast Surg Hand Surg. 2012;46(3-4):139-144. 2.) Chadrick Evans, M.D., et al. The Americ.

Decision rationale: The request for excess skin removal at both arms is non-certified. The documentation indicates the injured worker having recently undergone bariatric surgery resulting in a significant weight loss of approximately 125 lbs. The injured worker is currently showing excess skin at both thighs and arms which has led to numerous rashes. Excess skin removal is indicated for injured workers who have demonstrated no responses to the use of anti-fungal or antibiotic medications. No information was submitted regarding the patient's previous use of medication addressing the ongoing rashes. Therefore, this request is not medically necessary.