

Case Number:	CM14-0062327		
Date Assigned:	07/11/2014	Date of Injury:	05/12/2013
Decision Date:	08/22/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/05/2014

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 is licensed to practice in California. 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:

This 62 year old male was assaulted at work when an assailant hit him in the left side of his face 5/12/13. His presents complaints relative to his nasal problem to include left facial, jaw, and nose pain, shortness of breath, headache's, increased snoring, difficulty sleeping, frequent nosebleeds and nasal congestion . Documented is anosmia, an elevated Epworth scale of 15, and a BMI of 31.3. There have been documented fractures of his left temporomandibular joint (displaced), maxilla, left orbit, and mild right maxillary sinusitis On nasal examination there was a scar on the nose, deviated nasal septum, nasal speech. A CT showing a comminuted nasal bone fracture with up to a 1 mm depression of fracture fragments, a comminuted fracture of the nasal septum resulting in an S-shaped deformity with deviation to the right and anteriorly, a displaced fracture of the inferior nasal spine on the right, and mild right maxillary sinusitis. Findings, plus complaints, suggest obstructive sleep apnea and upper airway obstruction.

IMR ISSUES, DECISIONS AND RATIONALES

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

One repair of nasal vestibular stenosis with spreader grafts/ septorhinoplasty/ open reduction of nasal bone fracture: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Otolaryngology-Head and Neck Surgery (AAOHNS, 2011) Septoplasty.

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: American Society of Plastic Surgeons/Nasal surgery.

Decision rationale: The medical records provided to this reviewer establish medical necessity for the correction of a nasal deformity. There is not enough information, however, that would justify the need for a spreader graft. Per the American Society of Plastic Surgeons/Nasal Surgery: "Spreader grafts are cartilage grafts usually harvested from the cartilaginous nasal septum. These grafts are used for specific purposes, as example, to prevent collapse of the sides of the nose upon deep inspiration. Spreader grafts are not part of a septoplasty procedure other than that." Collapse laterally is not documented on examination. Therefore, the medical necessity for a spreader graft that could prevent collapse has not been established. As such, one repair of nasal vestibular stenosis with spreader grafts/ septorhinoplasty/ open reduction of nasal bone fracture is not medically necessary.