

Case Number:	CM14-0190636		
Date Assigned:	11/24/2014	Date of Injury:	05/18/2014
Decision Date:	01/09/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/14/2014

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 & 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 30-year-old female who reported an injury on 05/18/2014. The mechanism of injury was a head butt. The medications were noted to include a Seasonique. The injured worker underwent a corrective rhinoplasty on 10/15/2014. The injured worker underwent an x-ray of the nasal bones, 3 views, on 05/18/2014, which revealed a nasal fracture. The documentation of 06/26/2014 revealed on the date of injury, the injured worker had pain and swelling of the superior and dorsal nose. The swelling was noted to have substantially subsided. The surgical history included an abdominoplasty and breast augmentation in 2011. The physical examination revealed the injured worker had no evidence of swelling or dystrophic changes at all. The nasal dorsum was midline and the lateral profile did not show a dorsal hump or supratip deformity. The injured worker complained of minimal tenderness on the junction between the distal nasal bone and proximal upper nasal cartilage. There was no pain or tenderness along the medial or infraorbital rim. The injured worker had intact infraorbital nerve distribution. The injured worker had no pain in the maxilla or zygoma. There was a limited nasal examination which revealed no obvious septal deviation or nasal obstruction. The injured worker indicated she was worried initial for "becoming deformed." The physician explained to the injured worker that the swelling had resolved, and the injured worker had a near normal appearing nose. The physician opined the injured worker had no need for surgical intervention. The documentation of 09/23/2014 revealed the injured worker had a complaint of a large bump on the right upper lateral nasal wall. The physician documented that the lateral, profile view showed no evidence of a dorsal hump, however, from the anterior to posterior view, there was a large bony prominence over the right upper lateral nasal wall, corresponding to the areas of the nasal fracture that were previously seen. The injured worker denied compromise to nasal airway flow and there was no septal deviation or obvious evidence of mucosal hypertrophy. The injured worker requested

surgical intervention for removal of the bone spur. The physician documented that the treatment plan was a corrective rhinoplasty, if authorized to shape the right nasal bony spur. There was a detailed Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rhinoplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Rhinoplasty

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, Rhinoplasty

Decision rationale: The Official Disability Guidelines recommend a rhinoplasty for injured workers who have a need for surgery due to facial trauma. The clinical documentation submitted for review indicated the injured worker had a head butt. The documentation submitted for review indicated the injured worker had undergone physical examination on 06/26/2014, and did not require surgical intervention at that time. There was no evidence of swelling. The nasal dorsum was midline and the lateral profile did not reveal a dorsal hump or supratip deformity. There was a lack of documentation indicating the injured worker had a secondary injury. The subsequent documentation indicated the injured worker had a complaint of a large bump on the right upper lateral nasal wall and on physical examination in the anterior to posterior view, there was a large bony prominence over the right upper lateral nasal wall, corresponding to the areas of the nasal fracture that were previously seen. There was a lack of documentation indicating the injured worker had objective findings to support the necessity for surgical intervention. The documentation indicated the injured worker did not have obstruction of nasal airway flow and there was no septal deviation or obvious evidence of mucosal hypertrophy. The injured worker requested surgical intervention for removal of the bone spur and the medical necessity was not established. Given the above, the request for rhinoplasty is not medically necessary.