MAXIMUS Federal Services

Case Number:	CM14-0194084		
Date Assigned:	12/01/2014	Date of Injury:	03/17/2014
Decision Date:	01/15/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/19/2014

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 Plastic Surgery and is licensed to practice in Arizona and 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 48 year old female who reported an injury on 03/17/2014. The mechanism of injury is documented as falling into a glass bottle sustaining multiple injuries and lacerations. The diagnoses included deflated left breast implant. Previous surgery included a bilateral breast augmentation (BBA) with 300-400 cc saline implants. The injured worker (IW) also reports that her left breast implant deflated due to the trauma from the fall. Previous surgery included a bilateral breast augmentation (BBA) with 300-400 cc saline implants. The provider note dated 09/18/2014 states the IW reported mild discomfort of the left breast due to the edge of the implant. Exam revealed asymmetric breasts with right breast larger than the left. Breast measurements (cm) as documented by the provider are as follows: (right/left breast)- Sternal notch to nipple 29/28.- Nipple areolar complex 6/5.- Nipple to IMF 13/13.- Base 17/17.- Deflated left breast implant.- 2 cm scar at peri-areolar area from fall.Treatment options were discussed and included observation or surgery. The IW opted for left breast capsulotomy/capsulotomy and replacement of left breast implant. The provider submitted a request for the above listed procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left breast capsulectomy/capsulotomy exchange of left breast implant: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3236291/ Subpectoral and Precapsular Implant repositioning Technique: Correction of Capsular Contracture and Implant Malposition Dec 2011; 35(6): 1126-1132

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: Lee, H. K., Jin, U. S., & Lee, Y. H. (2011). Subpectoral and precapsular implant repositioning technique: correction of capsular contracture and implant malposition. Aesthetic plastic surgery, 35(6), 1126-1132.

Decision rationale: Per [redacted] (2011), breast augmentation is one of the most popular cosmetic surgery procedures. In the case of this injured worker, it would not be cosmetic in nature. The clinical documentation submitted for review indicated the injured worker had asymmetric breast, with the right breast slightly larger than the left. Although deflation of an implant would cause no significant health hazard or functional issue, deflation would cause change to the internal structure of the breast and the breast would no longer be supported by the chest musculature due to this change. There would be a change in the physical appearance and it would be disfiguring at the very least. As the change in the breast structure was caused an injury, the request for a Left breast capsulectomy/capsulotomy exchange of left breast implant is medically necessary.