

Case Number:	CM14-0202563		
Date Assigned:	12/15/2014	Date of Injury:	06/10/2009
Decision Date:	01/31/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/03/2014

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 Internal Medicine and is licensed to practice in New York. 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 65 year old male with a date of injury 6/10/09 when the injury worker fell off a tractor hitting forehead and has a diagnosis of post traumatic headaches, lumbar spine with moderate stenosis, bilateral L5 spondylosis and Lumbar radiculopathy. The injured worker received, MRI, nasal surgery, chiropractic treatment, medications and diagnostic studies. Follow up visit with ENT noted the injured worker continues with left greater than right nasal obstruction uses flonase with some relief. The injured worker denies facial pain and denies symptoms prior to the accident. The injured worker has decrease in smell and has epistaxis at time of injury but not further. MD visit form 12/16/2013 injured worker note to have a large left nasal polyp. Diagnosis at this ENT visit was chronic post-traumatic headache, deviated nasal septum, head injury, unspecified and nasal polyps. On 11/21/2014 Utilization Review non-certified for ENT follow-ups per CA MTUS and ACOEM while it stated the injured worker had surgery the type of surgery was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

ENT follow-ups with [REDACTED]: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 IME and Consultations, page 127. Other Medical Treatment Guideline or Medical Evidence: Wormald PJ. Endoscopic Sinus Surgery. 3rd Edition. 2012.

Decision rationale: A previous review noted, "On 03/26/2014 it was noted that a referral to an ENT physician was denied as there was no evidence of ENT symptoms, objective findings or history of ENT problems associated with the injury." However, on 12/03/2013 Flonase was approved and certified because the patient has nasal drainage and on 11/12/2013 there was left nare congestion. Also on 12/13/2013 it was noted that he had a large obstructing nasal polyp. On 02/05/2014 a MRI of the brain revealed a normal brain but nasal polyps were noted. On 03/11/2014 it was noted that he was seen previously by an ENT physician and that Flonase was helping his nasal congestion. The ENT physician noted left nare congestion. On 06/11/2014 he had a facial CAT scan that revealed nasal septal deviation with ethmoid sinus partial opacification, occlusion of the right osteomeatal complex of the maxillary sinus with an air/fluid level/retention cyst. There was no definite fracture seen. On 07/29/2014 he had an office visit with [REDACTED] ENT for follow up of the left nasal polyp. Previously on 12/16/2013 he had been seen for an office visit and had a large left nasal polyp. On 07/29/2014 he had a deviated septum and nasal polyps [REDACTED] personally reviewed the CAT scan of 06/11/2014 and noted a large left antrochoanal polyp, bilateral maxillary opacification and right nasal deviation. He was to have a septoplasty, bilateral ethmoidectomy and bilateral maxillary antrostomy. On 10/13/2014 it was noted that he had nose surgery on 09/09/2014 at the VCMC. He had post-operative ENT follow up visits with [REDACTED] ENT. He is no longer taking antibiotics. Two months after surgery on 11/21/2014 follow up appointments with [REDACTED] was not certified. The patient had extensive nasal and sinus surgery on 09/09/2014 (although the operative report is not part of the review record at present). While it is true that the ENT surgeon is responsible for the immediate post-operative care - changing packing, reviewing the need for post-operative antibiotics, etc and that is completed, it is routine standard of care for monthly or bimonthly ENT follow up visits to continue and for a surgery on 09/09/2014, it would be standard of care for the ENT surgeon to see the patient in 11/2014 and 12/2014. There are no other consultants following this patient who have the expertise to manage this ENT issue and specialty consultation/follow up is consistent with MTUS ACOEM Chapter 7, page 127.