

<b>Case Number:</b>	CM14-0081462		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: Maryland, Virginia, North Carolina  
Certification(s)/Specialty: Plastic Surgery

### 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 66 year old male who sustained an industrial injury on May 13, 2011. He has reported injury to the lower back and knees and has been diagnosed with cervical spine disc bulge. Treatment has included injections, medications, and acupuncture. Currently the injured worker has intact light touch sensation to the right mid anterior thigh, right mid lateral calf, and right lateral ankle. The treatment plan included reconstructive nasal surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Reconstructive Nasal Surgery:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ASPS Recommended Insurance Coverage Criteria for Third-Party Payers Nasal Surgery (7/2006) accessed at: <http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/insurance/Nasal-Surgery-Insurance-Coverage.pdf> on 4/12/15.

**Decision rationale:** The patient is a 66-year-old male in which a request for reconstructive nasal surgery was made. There was no supporting documentation from the medical records provided for this review. There were no signs and symptoms provided to justify nasal reconstruction. In addition, any detail with respect to the type of reconstruction was not provided. Therefore, reconstructive nasal surgery should not be considered medically necessary. From the ASPS, nasal surgery can be considered reconstructive and can be described as follows: Nasal surgery is defined as any procedure performed on the external or internal structures of the nose, septum or turbinates. It generally involves rearrangement or excision of the supporting bony and cartilaginous structures, and incision or excision of the overlying skin of the nose. Rhinoplasty is a surgical procedure to change the appearance of the nose, alter the width of the nostrils and/or change the angle between the nose and the upper lip. It is performed alone or in combination with other procedures, such as septoplasty and turbinoplasty, to correct deformities that result from nasal trauma, either acquired or iatrogenic, airway obstruction related to septal and bony deviations, turbinate hypertrophy or congenital defects. Timing of surgery is dependent on the occurrence of injury and the patient's preference.