MAXIMUS Federal Services

Case Number:	CM15-0102400		
Date Assigned:	06/05/2015	Date of Injury:	09/22/2010
Decision Date:	07/09/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/27/2015

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 51-year-old female, who sustained an industrial injury on 9/22/10. The diagnoses have included right breast carcinoma status post mastectomy and reconstruction surgery, status post augmentation mammoplasty of left breast with revision in response to right breast cancer to maintain symmetry, neuropathic pain right arm secondary to breast cancer with mild adhesive capsulitis, chronic pain syndrome, depression and history of lymphedema of the right upper extremity. Treatment to date has included medications, diagnostics, pathology, consultations, surgery and home exercise program (HEP). Currently, as per the physician progress note dated 4/20/15, the injured worker underwent surgery on 10/29/13 and at time she had fat grafting and revision of left mastopexy and was very happy with that. However, she has recently undergone a divorce and has lost a significant amount of weight and is no longer happy with the appearance of her breasts. She has a history of breast cancer on the right and previous to the breast cancer diagnosis she had implants in place. She states that she has had a mammogram on the left and everything is doing well. The diagnostic testing that was performed included mammograms and pathology reports. The physical exam reveals the right implant is firmer than the left and it appears larger and more projected than the left side. The skin is thinner due to reabsorption of the fat and weight loss. She currently has right side implant with 457 cc silicone gel and left side implant with 339 cc silicone gel. Prior to the reconstruction, her augmentation implants were 450cc. The physician noted that the injured worker will need additional fat grafting on the right as well as exchange of the implant on the right. She does not need any adjustments on the left if she is happy with the way it looks. The most recent implant exchange was in 2011, which is only 4 years, and the implant does not need to be exchanged.

The physician requested treatments included Revision of reconstructed breast, fat grafting to breast, capsulotomy and implant exchange.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision of reconstructed breast: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. Breast Reconstruction Following Diagnosis and Treatment for Breast Cancer. 9/2004. http://www.plasticsurgery.org/for-medical-professionals/legislation-and-advocacy/health-policy-resources/recommended-insurance-coverage-criteria.html accessed 7/7/15.

Decision rationale: The patient is a 51-year-old female with a documented history of right breast cancer treated with mastectomy in the setting of previous augmentation mammaplasty. A contralateral mastopexy had been performed for symmetry purposes. On her most recent evaluations, she is noted to have a right sided capsular contracture with pain and volume/shape asymmetry of her breasts due to weight loss. She is noted to have lack of soft tissue fill throughout the area of the right breast. Recommendations had been for surgical intervention to consist of revision of reconstructed breast, fat grafting, capsulotomy and implant exchange. Based on the history of the patient and the most recent changes seen on examination, revision of a reconstructed breast should be considered medically necessary. She has a typical clinical presentation of some of the complications that are seen with breast reconstruction with implants, including capsular contracture, implant malposition, loss of subcutaneous tissue and skin thinning, as well as volume asymmetry. This is not cosmetic surgery. The patient has a severely abnormal condition with surgical absence of the breast as a result of breast cancer treatment. From the ASPS, 'Breast reconstruction of the affected breast, as well as surgery on the contralateral breast to achieve symmetry, is considered reconstructive surgery and in accordance with the Women’s Health and Cancer Rights Act must be a covered benefit and reimbursed by third-party payers.' The law states, 'Coverage must include all stages of reconstruction of the diseased breast, procedures to restore and achieve symmetry on the opposite breast and the cost of prostheses and complications of mastectomy, including lymphedema. Therefore, as the presentation is one related to a complication related to mastectomy for breast cancer treatment and reconstruction, revision of a reconstructed breast should be considered medically necessary. The UR review stating that this is consistent with a cosmetic revision surgery is not consistent with acceptable standards.

Fat grafting to breast: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. Breast Reconstruction Following Diagnosis and Treatment for Breast Cancer. 9/2004. http://www.plasticsurgery.org/for-medical-professionals/legislation-and-advocacy/health-policy-resources/recommended-insurance-coverage-criteria.html accessed 7/7/15.ASPS Recommended Insurance Coverage Criteria for Third-Party Payers. Autologous Fat Grating to the Breast 2015. http://www.plasticsurgery.org/for-medical-professionals/legislation- and-advocacy/health-policy-resources/recommended-insurance-coverage-criteria.html accessed 7/7/15.

Decision rationale: The patient is a 51-year-old female with a documented history of right breast cancer treated with mastectomy in the setting of previous augmentation mammaplasty. A contralateral mastopexy had been performed for symmetry purposes. On her most recent evaluations, she is noted to have a right sided capsular contracture with pain and volume/shape asymmetry of her breasts due to weight loss. She is noted to have lack of soft tissue fill throughout the area of the right breast. Recommendations had been for surgical intervention to consist of revision of reconstructed breast, fat grafting, capsulotomy and implant exchange. Based on the history of the patient and the most recent changes seen on examination, fat grafting should be considered medically necessary. She has a typical clinical presentation of some of the complications that are seen with breast reconstruction with implants, including capsular contracture, implant malposition, loss of subcutaneous tissue and skin thinning, as well as volume asymmetry. This is not cosmetic surgery. The patient has a severely abnormal condition with surgical absence of the breast as a result of breast cancer treatment. From the ASPS, 'Breast reconstruction of the affected breast, as well as surgery on the contralateral breast to achieve symmetry, is considered reconstructive surgery and in accordance with the Women's Health and Cancer Rights Act must be a covered benefit and reimbursed by third-party payers.' The law states, 'Coverage must include all stages of reconstruction of the diseased breast, procedures to restore and achieve symmetry on the opposite breast and the cost of prostheses and complications of mastectomy, including lymphedema.' Further from the ASPS, 'Autologous fat grafting should no longer be considered experimental but should be regarded as part of reconstructive surgery when it is performed to approximate a normal appearance of the breasts following mastectomy or lumpectomy or in patients with asymmetry or hypoplasia of other origins. Breast reconstruction of the affected breast, as well as surgery on the contralateral breast to achieve symmetry, is considered reconstructive surgery and in accordance with the Women's Health and Cancer Rights Act must be a covered benefit and reimbursed by third-party payers.' Therefore, as the presentation is one related to a complication related to mastectomy for breast cancer treatment and reconstruction, fat grafting should be considered medically necessary. The UR review stating that this is consistent with a cosmetic revision surgery is not consistent with acceptable standards.

Capsulotomy: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. Breast Reconstruction Following Diagnosis and Treatment for Breast Cancer. 9/2004. http://www.plasticsurgery.org/for-medical-professionals/legislation-and-advocacy/health-policy-resources/recommended-insurance-coverage-criteria.html accessed 7/7/15.

Decision rationale: The patient is a 51-year-old female with a documented history of right breast cancer treated with mastectomy in the setting of previous augmentation mammaplasty. A contralateral mastopexy had been performed for symmetry purposes. On her most recent evaluations, she is noted to have a right sided capsular contracture with pain and volume/shape asymmetry of her breasts due to weight loss. She is noted to have lack of soft tissue fill throughout the area of the right breast. Recommendations had been for surgical intervention to consist of revision of reconstructed breast, fat grafting, capsulotomy and implant exchange. Based on the history of the patient and the most recent changes seen on examination, capsulotomy should be considered medically necessary. She has a typical clinical presentation of some of the complications that are seen with breast reconstruction with implants, including capsular contracture, implant malposition, loss of subcutaneous tissue and skin thinning, as well as volume asymmetry. Specifically, the patient has a painful capsular contracture and appropriate treatment includes targeted capsulotomies and consideration for implant exchange. This is not cosmetic surgery. The patient has a severely abnormal condition with surgical absence of the breast as a result of breast cancer treatment. From the ASPS, 'Breast reconstruction of the affected breast, as well as surgery on the contralateral breast to achieve symmetry, is considered reconstructive surgery and in accordance with the Women's Health and Cancer Rights Act must be a covered benefit and reimbursed by third-party payers.' The law states, 'Coverage must include all stages of reconstruction of the diseased breast, procedures to restore and achieve symmetry on the opposite breast and the cost of prostheses and complications of mastectomy, including lymphedema.' Therefore, as the presentation is one related to a complication related to mastectomy for breast cancer treatment and reconstruction, capsulotomy should be considered medically necessary as a treatment for capsular contracture. The UR review stating that this is consistent with a cosmetic revision surgery is not consistent with acceptable standards.

Implant Exchange: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. Breast Reconstruction Following Diagnosis and Treatment for Breast Cancer. 9/2004. http://www.plasticsurgery.org/for-medical-professionals/legislation-and-

advocacy/health-policy-resources/recommended-insurance-coverage-criteria.html accessed 7/7/15.

Decision rationale: The patient is a 51-year-old female with a documented history of right breast cancer treated with mastectomy in the setting of previous augmentation mammaplasty. A contralateral mastopexy had been performed for symmetry purposes. On her most recent evaluations, she is noted to have a right sided capsular contracture with pain and volume/shape asymmetry of her breasts due to weight loss. She is noted to have lack of soft tissue fill throughout the area of the right breast. Recommendations had been for surgical intervention to consist of revision of reconstructed breast, fat grafting, capsulotomy and implant exchange. Based on the history of the patient and the most recent changes seen on examination, implant exchange should be considered medically necessary. She has a typical clinical presentation of some of the complications that are seen with breast reconstruction with implants, including capsular contracture, implant malposition, loss of subcutaneous tissue and skin thinning, as well as volume asymmetry. Specifically, the patient has a painful capsular contracture and appropriate treatment includes targeted capsulotomies and consideration for implant exchange. In addition, with the weight change, it is reasonable to consider that the patient may require a greater implant volume due to the loss of soft tissue volume. This is not cosmetic surgery. The patient has a severely abnormal condition with surgical absence of the breast as a result of breast cancer treatment. From the ASPS, 'Breast reconstruction of the affected breast, as well as surgery on the contralateral breast to achieve symmetry, is considered reconstructive surgery and in accordance with the Women's Health and Cancer Rights Act must be a covered benefit and reimbursed by third-party payers.' The law states, 'Coverage must include all stages of reconstruction of the diseased breast, procedures to restore and achieve symmetry on the opposite breast and the cost of prostheses and complications of mastectomy, including lymphedema.' Therefore, as the presentation is one related to a complication related to mastectomy for breast cancer treatment and reconstruction, implant exchange should be considered medically necessary as a treatment for capsular contracture. The UR review stating that this is consistent with a cosmetic revision surgery is not consistent with acceptable standards.