

<b>Case Number:</b>	CM15-0012191		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	12/06/2014
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 33-year-old who has filed a claim for nasal airway obstruction and a septal deviation reportedly associated with an industrial injury of December 6, 2014. In a Utilization Review report dated January 16, 2015, the claims administrator failed to approve requests for the applicant to obtain an evaluation form and transfer care to an otolaryngologist (ENT specialist). A progress note dated January 8, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On December 6, 2014, the applicant stated that she was having difficulty breathing through one side of her nose owing to an industrial contusion injury. The applicant was given a diagnosis of septal deviation. The applicant was apparently asked to transfer care to otolaryngology and use over-the-counter Tylenol for pain relief. In a January 8, 2015 progress note, the applicant reported ongoing issues with snoring and difficulty breathing at the left side of the nose. An otolaryngology evaluation and transfer of care to said otolaryngologist were proposed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 evaluation with ENT specialist:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** Yes, the proposed ENT evaluation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, a referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the applicant's primary treating provider (PTP), an occupational medicine specialist, was likely ill equipped to address issues with and/or allegations of difficulty breathing owing to a deviated nasal septum. Obtaining the added expertise of a practitioner better equipped to address these issues and/or allegations, namely an otolaryngologist (ENT specialist) was, thus, indicated. Therefore, the request was medically necessary.

**1 request for ENT specialist to assume treatment as primary treating physician:**  
Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** Similarly, the request for said ENT specialist to assume treatment as the primary treating physician was likewise medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, a referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the applicant's primary treating provider (PTP), an occupational medicine physician, was likewise ill equipped to address ongoing issues with difficulty breathing owing to a deviated nasal septum. Transfer of care to a practitioner better equipped to address such issues and/or allegations, namely an otolaryngologist (ENT specialist) was, thus, indicated. Therefore, the request was medically necessary.