

<b>Case Number:</b>	CM15-0016820		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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, Arizona  
 Certification(s)/Specialty: Surgery, 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 32-year-old female who reported an injury on 09/30/2013. The mechanism of injury was the injured worker had a student hit her nose. The injured worker underwent an x-ray of the sinuses, which revealed normal paranasal sinus series on 09/02/2014. The mastoid air cells were well developed and aerated. The documentation indicated prior treatments included Nasonex and Singulair, and the injured worker was noted to be feeling much better. The documentation of 10/15/2014, revealed the injured worker had complaints of limited breathing in the left nostril, and mouth breathing. The injured worker complained of sinus pressure. The surgical history included a tonsillectomy in 1989. The external inspection of the nose, including the nasal mucosa, septum, and turbinate's, were within normal limits. There was, however, marked turbinate congestion and a mild left deviated septum. The examination of the mouth and pharynx revealed the nasopharynx mucosa, adenoids, posterior pharynx choanae, and ETs were within normal limits. The diagnoses included allergic rhinitis other allergen, septal deformity, and hypertrophy turbinate's. The treatment plan included prednisone 10 mg, quantity 15. The physician opined the injured worker may need a septal and turbinate reduction surgery to relieve nasal congestion. The documentation of 11/07/2014, revealed the injured worker had a deviated septum and severe allergies, along with a symmetric turbinate hypertrophy, and questionable nasal trauma to the dorsum. The injured worker indicated her symptoms had not improved, and she had nasal congestion and was showing early signs of obstructive sleep apnea. The injured worker was treated with steroids and nasal sprays. The physical examination revealed a deviated septum and diffuse allergies, and adenoid hypertrophy. The diagnoses

included nasoseptal trauma, appeared to be related to work injury which was complicating the underlying problem of allergic rhinitis. The treatment plan included surgical intervention to resolve symptoms, which were opined to possibly lead to obstructive sleep apnea. The surgical intervention was noted to include an open reduction and internal fixation of the nasoseptal fracture and bilateral turbinoplasty and adenoidectomy. The subsequent documentation of 01/16/2015, revealed the injured worker was complaining of snoring, mouth breathing, and nasal congestion and sinus pressure. The injured worker was having complaints of sinus headaches, more frequently. The injured worker was not using medications for her symptoms. The medications were noted to include Nasonex and Singulair. The physical examination revealed the injured worker had turbinate congestion and left deviated septum. The treatment plan recommendations included Flonase 50 mcg 2 sprays each nostril daily, and the septoplasty and turbinate reduction surgery, as the injured worker had failed all medical therapy and needed surgical intervention. There was a request for authorization submitted for review, dated 12/16/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Open reduction and internal fixation, nasospetal fracture #1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)m Dental Trauma Surgery.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Septoplasty.

**Decision rationale:** The Official Disability Guidelines indicate that a septoplasty may be recommended to correct an anatomic deformity, and objective testing is optional in assessing the need for a septoplasty. The clinical documentation submitted for review indicated the injured worker had been hit in the nose by a student, and had difficulty breathing since then. The injured worker's physical examination revealed a deviated septum and turbinate hypertrophy. Given the above, the request for open reduction and internal fixation, nasoseptal fracture #1, is medically necessary.

#### **Bilateral turbinoplasty #1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Dental Trauma Surgery.

**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: Ercan, C., Imre, A., Pinar, E., Erdo an, N., Sakarya, E. U., & Oncel, S. (2013). Comparison of Submucosal Resection and Radiofrequency Turbinate Volume Reduction for Inferior Turbinate

Hypertrophy: Evaluation by Magnetic Resonance Imaging. Indian Journal of Otolaryngology and Head & Neck Surgery, 1-6.

**Decision rationale:** Per Ercan, C., et. al. (2013). Inferior turbinate hypertrophy is a frequent cause of nasal airway obstruction and drastically impairs patients quality of life. Surgical reduction of the inferior turbinate's can be used for patients who did not respond to medical therapy. The clinical documentation submitted for review indicated the injured worker had failed conservative care, including oral and topical steroids, corticosteroids. The physical examination revealed the turbinate's were inflamed. This portion of the request would be supported. Given the above, the request for bilateral turbinoplasty #1 is medically necessary.

**Adenoidectomy #1:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Dental Trauma Surgery.

**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: Ramadan, H. H., & Terrell, A. M. (2010). Balloon catheter sinuplasty and adenoidectomy in children with chronic rhinosinusitis. Annals of Otolaryngology, Rhinology & Laryngology, 119(9), 578.

**Decision rationale:** Per Ramadan, H. H., & Terrell, A. M. (2010). Adenoidectomy has long been advocated as the primary surgical treatment of choice for children with CRS because of its excellent safety profile and its technical ease. Adenoidectomy serves to eradicate a reservoir for bacteria and open the nose to enhance drainage. The clinical documentation submitted for review indicated the injured worker had inflamed adenoids, and was having difficulty sleeping. This request would be supported. Given the above, the request for adenoidectomy #1 is medically necessary.

**Associated surgical service: CBC:** Upheld

**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 Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing.

**Decision rationale:** The Official Disability Guidelines indicate that a complete blood count is appropriate for injured workers with diseases that increase the risk of anemia, or in injured workers in whom significant per operative blood loss is anticipated. There was a lack of documented rationale for the request. There was a lack of documentation of exceptional factors. Given the above, the request for associated surgical services, CBC, is not medically necessary.

**Associated surgical service: Chest x-ray:** Upheld

**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 Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, general.

**Decision rationale:** The Official Disability Guidelines indicate that chest radiography is appropriate for injured workers at risk of postoperative pulmonary complications if the results would change per operative management. There was a lack of documentation of possible expected pulmonary complications, and that the results would change per operative management. As such, the request for associated surgical services, chest x-ray, is not medically necessary

**Associated surgical service: CMP-20: Upheld**

**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 Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing.

**Decision rationale:** The Official Disability Guidelines indicate that electrolyte and creatinine testing should be performed in injured workers with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. There was a lack of documented rationale for the request. There was a lack of documentation indicating the injured worker had underlying chronic disease and was taking medications that predispose them to electrolyte abnormalities. Given the above, the request for associated surgical services, CMP 20, is not medically necessary.

**Associated surgical service: pregnancy test: 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 Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing.

**Decision rationale:** The Official Disability Guidelines indicate a preoperative urinalysis is recommended for injured workers undergoing invasive urologic procedures, and those undergoing implantation of foreign material. While the injured worker was not noted to be undergoing an invasive urologic procedure or implantation of foreign material, the injured worker is of childbearing age and, as such, a pregnancy test would be appropriate. Given the above, the request for associated surgical service, pregnancy test, is medically necessary.

