

Case Number:	CM15-0132649		
Date Assigned:	07/20/2015	Date of Injury:	03/05/2013
Decision Date:	09/15/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/08/2015

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: Arizona

Certification(s)/Specialty: 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 was a 26 year old male, who sustained an industrial injury, March 5, 2013. The injury was sustained when the injured worker was sideswiped by a forklift. The injured worker suffered significant soft tissue trauma with subsequent recurrent seroma formations on the right side. The injured worker previously received the following treatments Fenoprofen, Flexeril, pelvis CT without contrast, home exercise program, Hydrocodone, two excisions of the seroma. The injured worker was diagnosed with posterior right thigh and hip, lumbar sprain, right thigh surgery times two, multiple pelvic fractures, history of right thigh hematoma/seroma. According to progress note of May 27, 2015, the injured worker's chief complaint was recurrent seroma that was painful and tender to touch. The physical exam noted a 30cm by 12cm seroma extending from the infragluteal crease on the right side to the lateral thigh and then to the inside of the thigh. The injured worker reported that the mass itself recurred since the last surgery and was increasing in size and tenderness. The treatment plan included an excision of a seroma of the right leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Excision of Seroma right leg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.healthgrades.com/conditions/seroma>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Post-traumatic Morel-Lavallée seroma clinic and forensic implications. Rom J Leg Med (1) 31 - 36 (2010).

Decision rationale: The most common mechanism of injury of a posttraumatic Morel-Lavallee seroma is direct trauma with tangential impact, followed by the shearing of the hypodermis from the underlying fascia, which results in a cavity filled with blood, lymph and both viable and necrotic fatty tissue. It is seen in association with pelvic trauma, typically in the region of the hip, thigh, the lower lumbar area, the gluteal area and the abdominal wall, but the most frequent localization is the greater trochanter. If the area of detachment is small, the number of lymphatic and blood vessels draining into it will also be reduced. In this case, complete resolution of the mass is possible with compression therapy after eventual puncture and drainage. On the other hand, if the area of detachment is large and persists for some time after the trauma, the inflammatory reaction may create a peripheral capsule around the lesion, which contributes to the permanence of the fluid mass. If the chronic collection is large and enclosed, the therapy recommended consists in complete excision of the swelling with or without cutaneo-fascial suture to obliterate the dead space, in an attempt to prevent the relapse. This patient has a large, recurrent, and chronic symptomatic post-traumatic Morel-Lavallee seroma for which complete excision of the right leg seroma is medically necessary and appropriate. The prior utilization review is overturned and the request is medically necessary.