

Case Number:	CM15-0166097		
Date Assigned:	09/03/2015	Date of Injury:	02/09/2012
Decision Date:	10/13/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/24/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 65 year old male, who sustained an industrial injury on 02-09-2012. On provider visit dated 07-28-2015 the injured worker has reported cervical spine pain. Activities of daily living were noted to be limited. On examination the cervical spine revealed tenderness to palpation of the cervical paraspinal. And trigger points were noted and range of motion was limited due to pain. The diagnoses have included cervical strain and trigger points in the cervical spine. Treatment to date has included medication and trigger point injections. The provider requested breast reduction surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Breast reduction surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aetna.com/cpb/medical/data/199/0017.html> - Reduction Mammoplasty: Breast Reduction Surgery and Gynecomastia Surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Plastic Surgeons, Plastic Surgery Procedures, Bilateral Breast Reduction.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a breast reduction for this patient. The California MTUS guidelines, Occupational Disability Guidelines and the ACOEM Guidelines do not address this topic. Outside sources had to be sought. The American Society of Plastic Surgery states that bilateral mammoplasty (breast reduction) is medically necessary if the patient has otherwise chronic unexplained neck pain with shoulder grooves from bra straps, the patient has failed at conservative medical management and/or if the breasts are associated with chronic intertriginous infection. This patient has a 36DD breast size. She does not have pendulous breasts with chronic intertriginous infection or shoulder grooves/ulceration from her bra straps. She also has not had any prior complaints or clinical evidence for kyphosis associated with severe hypertrophy of the breasts leading to back/neck pain. Therefore, based on the submitted medical documentation, the request for breast reduction is not medically necessary.