

<b>Case Number:</b>	CM15-0188290		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	04/01/1998
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: California  
 Certification(s)/Specialty: Otolaryngology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60 year old female with a date of injury on 4-1-1998. A review of the medical records indicates that the injured worker is undergoing treatment for chronic rhinosinusitis, asthma and sinonasal polyposis (Samter's triad). Medical records indicate the injured worker underwent nasal endoscopy with bilateral debridement on 5-13-2015. She was seen for follow up of chronic sinusitis on 6-16-2015. She reported feeling better after the debridement, but again felt re-accumulation of the mucus (6-16-2015). She also felt some facial pressure. Nasal endoscopy with bilateral debridement was performed on 6-16-2015. The injured worker had evidence of tenacious mucus involving maxillary sinus, ethmoids and also some in the frontal sinuses. There was no evidence of active infection present. Treatment has included endoscopy and medications. Medications (6-16-2015) included Pulmicort, Biaxin, Colace, Flonase, Xopenex, Medrol, Nasonex and Omeprazole. The 6-16-2015 office-clinic note was the most recent documentation submitted. The treatment plan was to see the injured worker on a frequent basis; she was to return in 6 to 8 weeks for endoscopy with unilateral or bilateral debridement, depending on the status of her sinuses at the day of the procedure. The original Utilization Review (UR) (9-22-2015) denied bilateral nasal sinus endoscopy with debridement and an outpatient visit with ENT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Nasal Sinus Endoscopy with Debridement, Bilateral DOS: 6/16/2015: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) web 2013, Head Chapter, Endoscopy, nasal.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation VR Ramakrishnan and JD Suh. How necessary are postoperative debridements after endoscopic sinus surgery, Laryngoscope 2011 Vol 12, 1, pp 8-9, Alsaffar H, et al. Postoperative nasal debridement after endoscopic sinus surgery: a randomized controlled trial, Ann Otol Rhinol Laryngol 2013 Oct; 122 (10): 642-7.

**Decision rationale:** Review of the literature, (samples above), indicates that it is accepted medical practice for patients to undergo postoperative nasal endoscopy and debridement. The exact frequency and length of time for this is individualized. Although there is a gap in medical records from June until current, this patient's physician has recommended frequent - apparently monthly-evaluations with debridement. This patient has recalcitrant rhinosinusitis. Her surgery was done in March of 2014. While periodic continued treatment is indicated as necessary, it is not likely at this point that continued nasal endoscopy with debridement is going to cure her or change the course of her disease. Therefore this request is not medically necessary.

**Outpatient visit with ENT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG - consultation.

**Decision rationale:** Per above guidelines referral to a specialist is indicated if diagnosis is extremely complex. This patient's disease state is more complex than one that a primary care doctor would be expected to handle. As the patient has not been documented to have been seen by her specialist for the past 4-5 months it is medically appropriate that she have a follow up with the specialist at this time if she has had a change or exacerbation in her condition. As there is no documentation provided as to her current status this determination cannot be made. Therefore this request is not medically necessary.