

Case Number:	CM15-0200751		
Date Assigned:	10/15/2015	Date of Injury:	03/25/2015
Decision Date:	12/01/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/13/2015

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 43-year-old female, who sustained an industrial injury on 3-25-2015. Medical records indicate the worker is undergoing treatment for left parotid pain and swelling. A recent progress report dated 9-15-2015, reported the injured worker complained of pain and swelling in the left parotid gland. Physical examination revealed left parotid fullness and tenderness. Treatment to date has included physical therapy and medication management. On 9-16-2015, the Request for Authorization requested Left superficial parotidectomy. On 9-23-2015, the Utilization Review noncertified the request for Left superficial parotidectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left superficial parotidectomy: 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 Mastery of Surgery, 6th edition, ENT chapter, Parotidectomy.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of surgery for this patient. The California MTUS, ACOEM and ODG guidelines do not address the need for superficial parotidectomy. Indications for parotidectomy are listed in the Mastery of Surgery Textbook, ENT chapter. Indications include: Neoplasm, resection of metastasis, Recurrent infection/abscess, Surgical exposure for the deep lobe/parapharynx /infratemporal fossa. This patient has had a CT scan, which demonstrated diffuse, bilateral swelling of both parotid glands. Removal of a single, unilateral superficial lobe would not be curative due to the extent of this patient's disease. The disease is systemic and inflammatory. Further treatment and investigative studies should be undertaken rather than surgical therapy since parotidectomy would not be curative. Therefore, based on the submitted medical documentation, the request for superficial parotidectomy is not medically necessary.