

Case Number:	CM15-0218047		
Date Assigned:	11/09/2015	Date of Injury:	01/04/2015
Decision Date:	12/22/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/05/2015

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:

The injured worker is a 46-year-old male who sustained an industrial injury on January 04, 2015. The worker is being treated for nasal fracture, keratitis punctate, left. Subjective: August 20, 2015 he reported difficulty breathing out of his nose, headaches and blurred vision. August 27, 2015 he reported with continued problems breathing through his right nostril. He stated the "pain starts from the nose and runs all the way to his head." There is pain under the right eye, most of the time. August 31, 2015 he reports still with constant headaches. Objective: August 20, 2015 noted nose with right septal deviation and obstruction. August 27, 2015 noted the turbinate is of the nose are moderately swollen in the right nostril with septum deviated to the right. There is noted sinus tenderness present in the right maxillary region. Diagnostic: September 03, 2015 noted request for CT sinus, and January 05, 2015 obtained. Medication: August 20, 2015 Naproxen Sodium and Tylenol. Treatment: August 20, 2015 noted POC with probably OR of nasal septal fracture as an outpatient. On September 03, 2015 a request was made for septoplasty with turbinate trim bilaterally that was non-certified by Utilization Review on October 15, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Septoplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head/septoplasty.

Decision rationale: ODG states that "septoplasty may be indicated when there is documentation of nasal trauma, nasal airway obstruction or difficult nasal breathing that causes a patient to mouth breath, snore, have sleep apnea or recurrent nasal infections, frequent nose bleeds, facial pain that is responsive to topical analgesics,.... complete nasal exam and documentation of absence of polyps, tumors, turbinate hypertrophy or other causes of obstruction." This patient does have complaints of right sided nasal airway obstruction, nasal/facial pain that has been treated with oral anti-inflammatories and stated right sided nasal septal deviation as well as inferior turbinate hyperplasia. There is no documentation that the obstruction is resulting in mouth breathing, snoring, OSA or epistaxis. Also no documentation that the facial pain resolved with application of topical anesthetic to site of septal deviation. Does not meet guidelines and is, therefore, not medically necessary.

Turbinate trim bilateral Qty 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute of Health.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kridel Rw, et al. The Nasal Septum, Chp. 44 in Cummings Otolaryngology Head and Neck Surgery, 2005, sections re the nasal cycle and paradoxical nasal obstruction, pp1008-9.

Decision rationale: Standard of care and above citation dictate that surgical reduction of the inferior turbinates is indicated after primary treatment with antihistamines and decongestants have failed. There is no documentation that any medical therapy in this regard has been attempted and thus, turbinate reduction is not medically appropriate.