

Case Number:	CM15-0044821		
Date Assigned:	03/16/2015	Date of Injury:	05/04/2012
Decision Date:	05/15/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/09/2015

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: Texas, Arizona
 Certification(s)/Specialty: Surgery, Plastic 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 is a 58-year-old male who reported an injury on 05/04/2012. The mechanism of injury was cumulative trauma. There was a Request for Authorization submitted for review dated 02/12/2015. The documentation of 02/05/2015 revealed the injured worker was requesting the physician to treat the exostosis in each ear. The objective examination revealed both ear canals had exostosis resulting in canal narrowing 70% on the right and 40% on the left. The tympanic membrane was intact without fluid. The diagnosis included exostosis of the external ear canal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral canalplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://emedicine.medscape.com/article/2051269-overview>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation emedicine.medscape.com/article/2051269-overview accessed 05/09/2015.

Decision rationale: Per Medscape.com, "A canalplasty is performed to widen a narrowed (either congenitally or acquired) external auditory canal (EAC). The procedure is performed for a number of reasons. The most common reason for canalplasty is to enhance access for mastoid surgery or during a lateral graft tympanoplasty. Other primary reasons include removal of bony or soft tissue growths or scar tissue, or as part of surgery for aural atresia, which is addressed elsewhere. The motivation for surgery in these later cases may be chronic infection, trapped debris, or hearing loss due to an occluded EAC. The benefits of the procedure are improved drainage of the ear and potentially improved hearing as well." The clinical documentation submitted for review indicated the injured worker had 70% occlusion of the right ear and 40% on the left. The physician documentation indicated the request was for a right ear canal repair of exostosis. However, the request as submitted was for bilateral canalplasty. There was a lack of documentation indicating the injured worker had a need for a left ear canalplasty. The specific rationale for a left ear canalplasty intervention was not provided. Given the above, the request for bilateral canalplasty is not medically necessary.

Pre-op surgical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-op office visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op visits 1 x 4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.