

<b>Case Number:</b>	CM14-0121156		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/12/2001
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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. The expert reviewer is Board Certified in Plastic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 37-year-old female with a 10/12/01 date of injury, when she fell into a hole during the course of her work as a firefighter. Seven surgeries were performed on the left knee and one on the right; causing her to be immobile and develop morbid obesity. In 2006, she underwent gastric bypass. Due to significant weight loss there was loose and redundant skin in the abdomen, flanks, thighs, and breast. There are recurrent skin irritations due to the loose skin, and there was discharge at the abdominal wound with tenderness in 2013. Exploration of a ventral hernia non-healing wound was performed on 7/25/13. The patient is status post corrective breast surgery (2011); panniculectomy (7/25/13); and excision of redundant thigh skin (5/18/14)6/24/14 Progress note documented that the patient has irritation of skin in the upper arms secondary to loose skin. Clinically, there was loose skin in the upper arms bilaterally, with recurrent irritation. Increased activity was recommended as well as excision of redundant skin in the upper arms bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Brachioplasty of bilateral upper arms:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://medicalpolicy.healthlink.com/medicalpolicies/policies/mp\\_pw\\_a050277.htm](http://medicalpolicy.healthlink.com/medicalpolicies/policies/mp_pw_a050277.htm)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [http://medicalpolicy.healthlink.com/medicalpolicies/policies/mp\\_pw\\_a050277.htm](http://medicalpolicy.healthlink.com/medicalpolicies/policies/mp_pw_a050277.htm) A. Brachioplasty.

**Decision rationale:** Medical necessity for the requested brachioplasty is not established. This procedure is indicated when there are significant functional impairments due to excessive skin, such as interfering with activities of daily living or causing persistent dermatitis, cellulitis, or skin ulcerations; as well as impairment persists despite optimal medical management. The most recent note described "irritation due to excessive skin." Guidelines state that when brachioplasty is performed in the absence of significant functional impairment, this is considered cosmetic and not medically necessary. The request is not medically necessary.

**Anesthesia / anesthesiologist for the procedure:** 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-operative testing:** 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.

**Assistant surgeon:** 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.