

<b>Case Number:</b>	CM14-0127274		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Otolaryngology and is licensed to practice in Texas. 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 injured worker is a 24 year old female who sustained an injury on 03/04/13 when a menu board landed on her nose with a resultant fracture. The 07/06/14 clinical report indicated that the injured worker had a lateralized nasal bone. The recommendation was open treatment of a nasal fracture. As of 08/19/14 the injured worker reported ongoing pain in the nasal bone. The physical exam reported that the injured worker's nose was not straight. Radiographs dated 03/05/13 noted a nasal fracture. There was no deviation or displacement reported. No updated imaging was noted. The requested procedures were denied by utilization review on 08/05/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Open reduction nasal:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pubmed/23240664>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Septoplasty

**Decision rationale:** In regards to the request for open treatment of a nasal fracture, this request is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The clinical documentation provided for review does not indicate if there is any ongoing non-union of the prior fracture or evidence of substantial displacement that is contributing to an airway obstruction that would support surgical intervention. No updated imaging of the fracture was available for review. Therefore this request is not medically necessary.

**Pre-op clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.guideline.gov/content.aspx?id=38289>Interventions and Practices considered

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-operative Testing, General

**Decision rationale:** As the surgical request for this injured worker was not indicated, there would be no requirement for a pre-operative evaluation and clearance. As such, this reviewer would not recommend certification for the request.