

Case Number:	CM14-0144713		
Date Assigned:	09/30/2014	Date of Injury:	09/10/2012
Decision Date:	10/31/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/08/2014

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 General Surgery and Plastic Surgery and is licensed to practice in Arizona and 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 46 -year-old female who reported an injury on 09/10/2012. The mechanism of injury was an assault, as the injured worker was struck in the face, fell, and sustained soft tissue injuries to the face and a nasal fracture. Other therapies included individual sessions of therapy. The injured worker's medications included Vicodin, Ambien 10 mg 1 at bedtime, and Norco 5/325 one twice a day for pain, as well as Cymbalta. The injured worker underwent a CT scan, physical therapy, and psychotherapy, as well as an MRI. The surgical history included an upper lid blepharoplasty and a rhinoplasty and a subsequent revision for the blepharoplasty. The injured worker was treated with periodic Botox injections in the forehead on the right side. The documentation indicated the injured worker had been happy with the appearance of the nose and had a significant compromise in the nasal airway that collapses when she breathes, even with mild to moderate inspiratory effort. The injured worker had occasional epistaxis which was paroxysmal. The injured worker was noted to be seen for an evaluation for correcting external nasal deformities, limitations of the nasal airway and identifying a possible cause of epistaxis. The physician documented notably the injured worker lived in a desert environment and was surrounded by dry air almost throughout the entire year and did not use humidification or saline spray. The documentation indicated the injured worker's objective was to restore the appearance of her nose which had a stigma on a 1970 style rhinoplasty. Additionally, the injured worker wished to have control over epistaxis. The injured worker indicated the nasal obstruction issues were the most dramatic in the mornings. The injured worker was noted to have hyperthyroidism for which she was taking Levothyroxine and was taking Cymbalta for depression. The physician documented the injured worker had reasonable symmetry to her face, but during the history and physical, when animated, she would have excessive elevation of her right eyebrow. The physical examination revealed the nose was well

projected and had reasonable rotation and projection. It had a stigma on a rhinoplasty and from inspection; it appeared the injured worker had a reduction rhinoplasty via an open approach. The transcolumellar incision was offset, and there were step offs at the border. The nasal tip cartilages were well visualized through the skin tissue envelope. Palpating the cartilages, the physician could not ascertain whether or not dome division was performed; however, the physician opined there was an aggressive cephalic trim. The injured worker had a scar over the super tip. Over the left nasal bone, there was excoriated skin. The injured worker stated that occasionally sutures pop out of the nose, and once or twice they have come through the skin. The dorsum was regular. There was evidence of an osteotomy. The injured worker had an open roof deformity. There was an inverted V deformity, and the physician opined that most likely a reconstruction of the mid vault was not performed. Internasally there was large submucous resection of the quadrangular cartilage. The anterior septal angle was midline. The posterior septal angle was centered over the nasal spine. The turbinates remained hypertrophied; however, there was a resection of the left anterior inferior turbinate. On the right side, there was residual severe septal spur blocking the airway. The physician opined it was shaped like a Mercedes Benz symbol with the lateral component extending into the airway. When the injured worker breathed, there was significant lateral wall collapse and the airway was obstructed. The physician opined the injured worker had a number of secondary deformities due to the rhinoplasty. The injured worker had functional issues related to the mid vault. The injured worker had functional issues related to the mid vault. The injured worker had cosmetic issues related to a manipulation of the lower lateral cartilages during surgery and contour irregularities. The injured worker had a submucosal resection which was fairly aggressive, and the biggest challenge would be obtaining cartilage to perform a reconstruction and secondary to establish a new contour that was consistent with how the injured worker looked in some way before the operation. The physician opined he would have to harvest the left 6th rib costal cartilage, and the cartilage would be used in reconstruction. An open approach would be used. The physician opined that some sort of noncartilage sparing approach was not performed, in which case the physician would have to reconstruct this using suture techniques for cartilage grafting, and appeared the injured worker would need stabilization of the eye strut and in all likelihood a conservative caudal septal extension graft. The physician further stated that he would reconstruct the nasal dorsum using extender spreader grafts which would extend from the anterior septal wall into the angle well into the dorsum between the nasal bones. The physician would dissect meticulously and suspend the injured worker's upper lateral cartilage. Nasal tip reconstruction would be performed with a lateral crural tension procedure and as the injured worker had thin skin, there would be use of the temporalis fascia harvested from the left side or the perichondrium in the chest defect. On fiberoptic examination, there was a 4 mm perforation posteriorly. It was clean, moist, and intact. The physician opined he would be skeptical if this was the source of the epistaxis, particularly as it was so posteriorly displaced. The physician opined if it was amenable, he would repair the perforation and use a temporalis fascia combined with a small amount of cartilage harvested from the costal cartilage side. The physician photographed the injured worker. The physician documented the request would be made for the surgical intervention and for a humidifier. There was no Request for Authorizations submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair nasal vestibular stenosis, spreader graft left and right: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on

the MTUS. Decision based on Non-MTUS Citation Adamson PA, et al. Analysis of nasal air flow following repair of vestibular stenosis (<http://www.ncbi.nlm.nih.gov/pubmed/9711514A>, Teymoortash, et al. The value of spreader grafts in rhinoplasty: a critical review (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3321146>)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/9711514>

Decision rationale: Per the National Institutes of Health, vestibular stenosis is an uncommon but debilitating cause of nasal obstruction. The etiology of the stenosis is variable, but iatrogenic causes are common. The clinical documentation submitted for review indicated the injured worker had undergone surgical intervention and had vestibular stenosis. The documentation indicated that on the right side, there was residual severe septal spur blocking the airway. The physician opined it was shaped like a Mercedes Benz symbol with the lateral component extending into the airway. Additionally, when the injured worker breathed, there was significant lateral wall collapse and the airway was obstructed. The National Institutes of Health is that the value of spreader grafts in rhinoplasty cannot be underestimated. The clinical documentation submitted for review indicated the injured worker had a medical necessity for the repair of nasal vestibular stenosis. Given the above, the request for repair nasal vestibular stenosis, spreader graft left and right is medically necessary.

Preoperative electrocardiogram (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 07/03/14), Preoperative Electrocardiogram (EKG)

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, Preoperative electrocardiogram (ECG)

Decision rationale: The Official Disability Guidelines recommends a preoperative electrocardiogram for patients undergoing high risk surgery and those undergoing intermediate risk surgery with additional risk factors. There was a lack of documentation indicating that the injured worker had additional risk factors, including hypertension. Given the above the request for a preoperative electrocardiogram (EKG) is not medically necessary.

Preoperative urinalysis lab: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (last updated 07/03/14), Preoperative Lab Testing

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, Preoperative lab testing

Decision rationale: Official Disability Guidelines recommends preoperative urinalysis for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. The clinical documentation failed to provide a rationale for the request. Given the

above, the request for a Preoperative urinalysis lab is not medically necessary.

Humidifier: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Humidifiers and Health.
(<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0002789/humidifiersandhealth>)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment (DME)

Decision rationale: The Official Disability Guidelines indicate that durable medical equipment is recommended if there is a medical need and if the device or system meet's Medicare's definition of durable medical equipment, which includes can withstand repeated use as it could normally be rented and used by successive patients, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of illness or injury, and is appropriate for use in the patient's home. On examination, there was a 4 mm perforation posteriorly. It was clean, moist, and intact. The physician opined he would be skeptical if this was the source of the epistaxis, particularly as it was so posteriorly displaced. . The clinical documentation submitted for review indicated the patient was to use a humidifier, which would be supported with the history of nasal bleeding and living in a dry climate. Given the above, the request for Humidifier is medically necessary.

Repair septual sprain/fracture: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shubailat, G. Secondary Rhinoplasty
(<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2825136>)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/21372679>

Decision rationale: Per the National Institutes of Health, the options for the surgical closure of large symptomatic perforations are limited and consist of an open or closed approach using skin or mucosal flaps. The clinical documentation submitted for review indicated the injured worker had a small defect. There was a lack of documented rationale for the necessity of repair. Given the above, the request for repair septual sprain/fracture is not medically necessary.

Open rhinoplasty revision: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shubailat, G. Secondary Rhinoplasty
(<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2825136>)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rhinoplastysociety.org/secondary-rhinoplasty/>

Decision rationale: Per The Rhinoplasty Society, patients requesting a secondary rhinoplasty address specific imbalances that persist, are newly created, or that have become more severe are often more complicated than a primary rhinoplasty. The clinical documentation indicated the injured worker's objective was to restore the appearance of her nose which had a stigma on a 1970 style rhinoplasty, which would be a cosmetic surgery, which would not be for medical necessity. As such, it would not be supported. Given the above, the request for open rhinoplasty revision is not medically necessary.

Placement of intranasal airway: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Teymoortash A, JA Fasunla and AA Sazgar. The value of spreader grafts in rhinoplasty: a critical review (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3321146>)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/9711514>

Decision rationale: Per the National Institutes of Health, vestibular stenosis is an uncommon but debilitating cause of nasal obstruction. The etiology of the stenosis is variable, but iatrogenic causes are common. The clinical documentation submitted for review indicated the injured worker had undergone surgical intervention and had vestibular stenosis by physical examination and the use of an intranasal airway would be supported. Given the above, the request for placement of intranasal airway is medically necessary.

Temporalis fascia graft from left rib cartilage graft to nose left: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bussi M. F Palotona and S. Toma, Grafting in Revision Rhinoplasty. (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3709529>)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rhinoplastysociety.org/secondary-rhinoplasty/>

Decision rationale: Per The Rhinoplasty Society, patients requesting a secondary rhinoplasty address specific imbalances that persist, are newly created, or that have become more severe are often more complicated than a primary rhinoplasty. The clinical documentation submitted for review indicated the injured worker was not satisfied with the appearance of her nose and wished for a secondary rhinoplasty. This request appears to be more cosmetic than medical. As such, it would not be supported. Given the above, the request for temporalis fascia graft from left rib cartilage graft to nose left is not medically necessary.

Cartilage graft nasal septal repair septal perforation, nasal endoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Park DH, Kim TM, Han DG, Ahn KY. Endoscopic-assisted correction of the deviated nose. (<http://www.ncbi.nlm.nih.gov/pubmed/9618185>)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/21372679>

<http://www.ncbi.nlm.nih.gov/pubmed/9618185>

Decision rationale: Per the National Institutes of Health, the options for the surgical closure of large symptomatic perforations are limited and consist of an open or closed approach using skin

or mucosal flaps. The clinical documentation submitted for review indicated the injured worker had a small defect. There was a lack of documented rationale for the necessity of repair. Per the National Institutes of Health, "the approach to nasal bone classic corrective rhinoplasty is an almost blind technique, where the results depend on feeling by the surgeon's hand. To overcome these drawbacks, endoscopic-assisted corrective rhinoplasty and septoplasty were performed...The use of an endoscope in corrective rhinoplasty for deviated noses provides an expanded field of vision, direct manipulation of lesions, and better aesthetic and functional results." This portion would not be supported, as the surgical procedure is not supported. Given the above, the request for cartilage graft nasal septal repair septal perforation, nasal endoscopy is not medically necessary.