

Case Number:	CM14-0132820		
Date Assigned:	08/22/2014	Date of Injury:	04/03/2012
Decision Date:	05/01/2015	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/19/2014

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. 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 female who reported injury on 04/03/2012. The mechanism of injury was the injured worker was struck in the cheek and nose on the left with a metal tray. The most recent documentation submitted for review is dated 07/18/2014. The injured worker had complaints of neck and shoulder pain. The medications included Ultram 50 mg, Protonix DR 20 mg, Restoril 30 mg and Anaprox 275 mg. The diagnostic studies included a CT of the facial bones on 05/07/2012 which included findings compatible with essentially known displaced fracture of the nasal ala on the left otherwise unremarkable. The diagnosis did not include a nasal diagnosis. The diagnoses included cervical radiculopathy and shoulder impingement on the left. There were no objective findings related to the nasal cavities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Correction of Nasal Deviation: Upheld

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

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: The Official Disability Guidelines indicate that a septoplasty is recommended to correct anatomic deformities or deviations of the nasal septum and may be performed in response to an injury. There should be documentation of a nasal airway obstruction or difficulty nasal breathing causing mouth breathing snoring, sleep apnea or recurrent sinus infections; frequent nose bleeds, atypical facial pain or nasal origin, positive response to topical anesthetic, where deformed septum contacts that turbinate, supports but may not prove septal cause; and asymptomatic deformity that prevents surgical access into other nasal areas, physical examination with all appropriate findings including documentation of complete anterior and posterior nasal exam, documentation of the absence of nasal polyps, tumors, turbinate hypertrophy or other causes of obstruction unless a removal is part of the surgery, identification of known or suspected bleeding site if the purpose is to control epistaxis, identification and sign is that is recurrently infected if the proposed surgery is to control disease, description of nasal pharynx, oral pharynx, hypo pharynx and larynx if proposed surgery is to prevent sleep apnea or snoring and objective testing is optional to assess the need. There was no clinical documentation submitted for review related to the nasal septum. As such, the request is not supported. There were no objective findings. Additionally, the request as submitted failed to indicate the specific procedure being requested. The other components of the request would be related to the surgical intervention. Given the above, the request for correction of nasal deviation not identified as is not medically necessary.

Keflex 500mg #30: 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.

Vicodin ES 75-750mg #60: 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.

Phenergan 25mg #60: 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.

Colace 100mg #30: 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 Labs: 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 EKG: 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 Chest X-Ray: 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.