

Case Number:	CM15-0002144		
Date Assigned:	01/13/2015	Date of Injury:	12/07/2012
Decision Date:	03/13/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/05/2015

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 49-year-old female who reported an injury on 12/07/2012. The mechanism of injury involved a motor vehicle accident. The current diagnoses include abdominal wall deformity secondary to abdominal trauma with multiple abdominal exploration surgeries, asymmetric areas of lipodystrophy, and abdominal wall laxity. The injured worker presented on 10/10/2014 with complaints of abdominal deformity and scar pain. It was noted that the injured worker sustained a liver laceration as well as a right lower extremity tibia/fibula fracture. The injured worker was in intensive care for a prolonged period of time where she lost significant lean body muscle mass. The injured worker developed increased adipose tissue lipodystrophy changes in her abdominal region due to multiple surgeries. The injured worker was emotionally distressed due to the deformity of her abdomen. The deformity of her abdomen and the pain from the scar tissue had led her to undergo an evaluation for reconstructive surgery. Upon examination, there was irregular contour of the abdomen, thickening and lipodystrophy, mild to moderate scar contracture, and scar tenderness. The injured worker also had an irregular distribution of adipose tissue primarily in the left upper quadrant. There was diffuse overall abdominal wall laxity with most likely diastasis. The recommendations at that time included resection of the lower abdominal pannus as well as repair and strengthening of the abdominal wall musculature and contouring of the areas of asymmetric lipodystrophy distributed throughout the anterior abdominal wall. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Panniculectomy with muscle plication and sectional lipectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin

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: California MTUS/ACOEM Practice Guidelines do not specifically address the requested service. Official Disability Guidelines do not specifically address the requested service. Pestana IA, Campbell D, Fearmonti RM, Bond JE, Erdmann D. Ann Plast Surg. 2014 Oct; 73(4):416-21. "Supersize" panniculectomy: indications, technique, and results.

Decision rationale: According to an article in the Annals of Plastic Surgery, obesity remains a significant risk associated with considerable morbidity and mortality. Panniculectomy in the obese patient population aims at treating complications related to excess abdominal skin in an attempt to improve quality of life, increase mobility, and potentially prepare the patient for subsequent bariatric surgery or enrollment in a weight loss program. According to the documentation provided, there was no indication that this injured worker had previously participated in a weight loss or exercise program prior to the request for surgical intervention. While it is noted that the injured worker reports mild scar tissue pain, it is unclear how the requested procedure will address the nonfocal pain. Given the above, the request is not medically appropriate in this case.

Associated surgical service: Pre-op medical clearance and H & P: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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.

Associated surgical service: Post-op physical therapy 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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.