

Case Number:	CM15-0113608		
Date Assigned:	06/22/2015	Date of Injury:	02/02/2015
Decision Date:	09/01/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/12/2015

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: Arizona

Certification(s)/Specialty: 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 54-year-old male injured worker suffered an industrial injury on 02/02/2015. The diagnoses included septal deviations, valve collapse and turbinate hypertrophy. The diagnostics included nasal endoscopy, cervical, lumbar spine and right ankle/foot, right shoulder magnetic resonance imaging. On 3/17/2015 the treating provider reported the nasal septum had severe deviations to the left causing 95% obstruction, 4+ bilateral inferior turbinates, left vestibular nasal collapse included with caudal and Q-tip maneuver. The treatment plan included Open Reduction Nasal Septal Fracture, Repair of Vestibular stenosis with intranasal Spreader Graft.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open Reduction Nasal Septal Fracture, Repair of Vestibular stenosis with intranasal Spreader Graft: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation and Reduction of Nasal Trauma. Semin Plast

Surg. 2010 Nov; 24(4): 339-347. Crooked nose: An update of management strategies, Egyptian Journal of Ear, Nose, Throat and Allied Sciences. Volume 16, Issue 1, March 2015, Pages 1-7.

Decision rationale: Nasal fractures account for greater than 50% of all facial fractures in adults. The most common mechanism of injury is blunt trauma to the midface, usually the result of motor vehicle collisions, sports-related injury, or physical altercations. Treatment involves a traditional approach for complicated rhinoplasties, which involves correction of malposition, septal deflection, and airway obstruction. Spreader grafts may also be required for further correction. Ultimately, the goal of any reduction should be an aesthetic product and a functional repair of the nasal passages. A key point of rhinosurgery is that certain nasal injuries cannot be sufficiently managed with a closed reduction. Comminuted fractures with severe loss of nasal support, severe septal injuries, and injuries with considerable soft tissue damage should be addressed with full exposure as the advantages of open reduction are many. The greater exposure allows for direct visualization and precise reapproximation of dislocated structures, especially in cases of nasal tip distortion. Also, the traditional transfixion or hemitransfixion incision in the membranous septum allows for drastically improved caudal, inferior, and posterior septal visualization. Occasionally, additional support or aesthetic symmetry refinement is needed when completing the open reduction. Dorsum and midvault defects can be filled with diced cartilage or bone. Additional support can be provided to the middle and lower nose with larger septal spreader grafts applied to the keystone area. If inferior turbinate hypertrophy is compounding nasal airway obstruction, bony resection or greensticking with microfracture may be undertaken on the nasal turbinates. Considerable progress toward the correction of dorsal deviations came with the use of spreader grafts. The original technique devised by Sheen in 1984 involved positioning a rectangular strip of cartilage on either side of the dorsal septum harvested from the central part of the same. This method served fundamentally to strengthen the middle nasal vault during risky rhinoplasties, and hence prevent post-operative collapse. It also proved immediately useful in functional terms by broadening the angle of the internal nasal valve, and thus increasing the respiratory airflow. This patient has documented airway obstruction from septal deviation, 4+ bilateral inferior turbinates, and left vestibular nasal collapse. It appears that he has a complex fracture that would require an open reduction in order to address the above issues and achieve functional repair of the nasal passages. The above procedure is medically necessary and the prior utilization review is overturned.