

Case Number:	CM15-0115745		
Date Assigned:	06/29/2015	Date of Injury:	09/23/2013
Decision Date:	08/04/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/16/2015

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: Oregon
 Certification(s)/Specialty: Plastic Surgery, Hand 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 63 year old male, who sustained an industrial injury on 9/23/13. The injured worker was immediately transported for medical care, sedated and intubated. He was treated for multiple burns. Treatment to date has included surgery, physical/occupational therapy, medications, home exercise program and psychotherapy. Currently, the injured worker complains of decreased neck range of motion and wide spread body pain (particularly his left leg) and weakness. He describes the pain as severe. The injured worker also states he is experiencing dry eye with the left greater than the right. The injured worker is diagnosed with burns of multiple specified sites (unspecified degree), chronic pain syndrome, depressive disorder, not elsewhere classified and post-traumatic stress disorder. The injured worker was examined on 5/12/15, which was a follow up to his recent surgery (release of burn contractures of the neck, left oral commissure and left hand first web space). The note states the injured worker is pleased with the improved functional results in his left hand and mouth opening. His neck range of motion and pain have improved significantly; however he still experiences some pain and decreased range of motion. The note also states continued difficulty with eye dryness. A progress note dated 12/23/14 states the injured worker suffered severe vision loss. It also states he has had surgery to his left eye lids (upper and lower) to improve his ability to close his eye; however therapeutic efficacy is not stated. A request for Medial Canthal Reconstruction is being sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Canthal Reconstruction: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Early and late complications of ocular burn injuries. Cabalag MS, Wasiak J, Syed Q, Paul E, Hall AJ, Cleland H.J *Plast Reconstr Aesthet Surg*. 2015 Mar; 68(3): 356-61.

Decision rationale: The records document a plan to refer the patient to [REDACTED] or [REDACTED] for oculoplastics evaluation to treat medical eyelid burn ectropion. [REDACTED] and [REDACTED] are out of network and the patient was referred to [REDACTED]. [REDACTED] from [REDACTED] evaluated the patient and determined that additional eyelid surgery is not indicated. Therefore, medial canthal reconstruction is not medically necessary.