

Case Number:	CM15-0020903		
Date Assigned:	02/10/2015	Date of Injury:	07/23/2013
Decision Date:	04/14/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/04/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: 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 63-year-old female, who sustained an industrial injury on 7/23/2013. She has reported five gunshot wounds including the abdomen, left elbow, left quadriceps, right chest, and breast, subsequently undergoing multiple surgeries for repair. The diagnoses have included multiple gunshot wound to abdomen, left elbow and chest, left medial cutaneous nerve neuropathy, sensory loss in T9-T10 patterns, and posttraumatic stress disorder (PTSD). Treatment to date has included medication therapy, physical therapy, and psychological therapy. Currently, the IW complains of ongoing right breast burning pain daily, moderate to severe, along with right upper shoulder and neck pain, upper and mid back pain. The physical examination from 9/16/14 documented decreased cervical Range of Motion (ROM), thoracic Range of Motion (ROM). The plan of care-included acupuncture and a request for a general surgeon to evaluation right breast due to continued pain and burning, and referral to neurology for headaches and symptoms. Documentation from 9/6/14 notes a previous request for general surgery consultation for right breast pain/burning with stated no response to the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right breast plastic surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Seat belt causing bisection of the breast: A case report. Teo I, Dujon D, Azmy I., J Plast Reconstr Aesthet Surg. 2014 Jul; 67(7): 1008-9The feasibility of tissue expansion in reconstruction of congenital and acquired deformities of pediatric patients; Yesilada AK, Akcal A, Dagdelen D, Sucu DO, Kilinc L, Tatlidede HS. Int J Burns Trauma. 2013 Jul 8; 3(3): 144-50.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ASPS Recommended Insurance Coverage Criteria for Third-Party Payers Breast Reconstruction for Deformities Unrelated to Cancer Treatment.(9/2004)accessed from <http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/insurance/Breast-Reconstruction-for-Deformities-Unrelated-to-Cancer-Treatment.pdf> on 4/11/15.

Decision rationale: The patient is a 63 year old female who had previously suffered gunshot injury to multiple areas including the right breast. Unspecified treatment was given at the time. The patient is noted to have complained of pain and burning of the right breast. A previously requested general surgery consult related to the right breast was stated with no response. A request was made for right breast plastic surgery. Based on the level of documentation, there is insufficient justification to warrant surgical treatment. It is unclear what the surgical treatment would be or an examination that is consistent with the need for surgical treatment. There was not an evaluation by a general surgeon or plastic surgeon in the records provided for this review. Whether this had been performed is unclear. Therefore, without a clear indication for surgery, this request should not be considered medically necessary. From the ASPS, Recommendations Breast deformities unrelated to cancer treatment occur in both men and women and may present either bilaterally or unilaterally. These deformities result from congenital anomalies, trauma, disease, or mal-development. Because breast deformities often result in abnormally asymmetrical breasts, surgery of the contra lateral breast, as well as the affected breast, may be required to achieve symmetry. As stated, there can be reasons for plastic surgery/breast reconstruction following trauma. However, an examination and justification for proceeding is necessary which was not provided in this case.