

Case Number:	CM15-0061776		
Date Assigned:	04/07/2015	Date of Injury:	02/17/1997
Decision Date:	06/01/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/01/2015

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
 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 injured worker is a 63-year-old female who reported an injury on 02/17/1997. The mechanism of injury was unspecified. The injured worker underwent a duodenal switch surgery 11 years ago resulting in 120% weight loss. Her medications include phytonadione 5 mg, vitamin A, calcium citrate, prenatal vitamins, cholecalciferol, vitamins and duloxetine. The injured worker was noted to have chronic diarrhea and urinary retention requiring straight catheterizing. The injured worker was also noted to be diagnosed with bacterial overgrowth; however, has never been treated for this indication. The physical examination revealed clear bilateral breath sounds, soft and non-tender abdomen, no evidence of edema, cyanosis or clubbing in the extremities and a well healed incision with no signs of infection or hernia. A request was received for abdominal panniculectomy with umbilical transposition, bilateral brachioplasty and bilateral thigh lift. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abdominal panniculectomy with umbilical transposition: 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/insurance/Abdominoplasty-and-Panniculectomy.pdf>.

Decision rationale: According to the American Society of Plastic Surgeons, indications for Abdominoplasty and panniculectomy are typically performed for purely cosmetic indications such as unacceptable appearance due to fat maldistribution or contour deformities caused by pregnancy, stretch marks, contracted scars and loose hanging skin after weight loss. A panniculectomy should be considered a reconstructive procedure when performed to correct or relieve structural defects of the abdominal wall and/or chronic low back pain due to functional incompetence of the anterior abdominal wall. The injured worker was noted to be status duodenal switch surgery 11 years. However, there was lack of documentation indicating the medical necessity for a structural correction due to defects of the abdominal wall and/or chronic low back pain due to functional incompetence of the anterior abdominal wall. Moreover, the request is considered for purely cosmetic reasons. Based on the above, the request is not medically necessary or appointment at this time.

Bilateral brachioplasty: 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.plasticsurgery.org/cosmetic-procedures/arm-lift.html?sub=Arm+lift+candidates#content>.

Decision rationale: According to the American Society of Plastic Surgeons, arm lift candidates include: significant upper arm skin laxity; weight that is relatively stable and who are not significantly overweight; Healthy individuals without medical conditions that impair healing or increase risk of surgery; and Non-smokers with a positive outlook and realistic expectations. However, they are typically performed for purely cosmetic indications. The injured worker was noted to be status duodenal switch surgery 11 years. However, there was lack of documentation indicating medical necessity as it is considered for purely cosmetic reasons. Based on the above, the request is not medically necessary or appointment at this time.

Bilateral thigh lift: 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.plasticsurgery.org/cosmetic-procedures/thigh-lift.html?sub=Thigh+lift+candidates#content>.

Decision rationale: According to the American Society of Plastic Surgeons, candidates for a thigh lift are: People whose weight is relatively stable; Individuals with excess soft tissue along the inner or medial thigh region and/or the outer thigh; Healthy individuals who do not have medical conditions that impair healing or increase risk of surgery; Non-smokers; Individuals with a positive outlook and realistic goals for what thigh lift surgery can accomplish; and those committed to leading a healthy lifestyle, including proper nutrition and fitness. However, they are typically performed for purely cosmetic indications. The injured worker was noted to be status duodenal switch surgery 11 years. However, there was lack of documentation indicating medical necessity as it is considered for purely cosmetic reasons. Based on the above, the request is not medically necessary or appointment at this time.