

<b>Case Number:</b>	CM15-0069773		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	07/15/1997
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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 52 year old male, who sustained an industrial injury on July 15, 1997. The injured worker has been treated for back and shoulder complaints. The injured worker was noted to have had a gastric bypass performed in 2011 to help with the back pain. The injured worker developed abdominal pain post-operatively and was noted to have a perforation at the gastrojejunostomy anastomosis. The diagnoses have included back sprain/strain, sleep apnea, insomnia and depressive disorder. Treatment to date has included pain medications, radiological studies, esophagogastroduodenoscopy (EGD), daily proton pump inhibitor medication and gastric bypass surgery. Current documentation dated March 5, 2015 notes that the injured worker reported chronic lumbar spine pain. Physical examination of the lumbar spine was provided. The abdomen was noted to be soft, non-tender and non-distended. The injured worker was noted to have lost over one hundred and thirty pounds and had excessive skin flaps. The treating physician's plan of care included a request for a bilateral brachioplasty, bilateral thigh lift and bilateral lower body lift.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral brachioplasty:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://www.aetna.com/cpb/medical/data/1\\_99/0031.html](http://www.aetna.com/cpb/medical/data/1_99/0031.html).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. American Society of Plastic Surgeons (ASPS).

**Decision rationale:** The patient is a 52 year old male who had undergone bariatric surgery with significant weight loss of over 170 pounds. He is stated to have recurrent rashes that have failed conservative medical management. Examination from 3/9/15 was not provided for this review but is stated to document rashes of the bilateral arms, trunk and medial thighs. The excess tissue is stated to have affected his ADLs. A request was made for bracioplasty, as well as treatment of multiple areas with excess soft tissue, including a thigh lift and lower body lift. Based on the medical records provided for this review, there is insufficient, clear documentation that the patient has recurrent rashes in these areas that have failed typical dermatologic management. Previous medical records did not document recurrent rashes or detail specific dermatologic medications. Photographs were not provided for review that may help to establish the degree of severity or evidence of current intertrigo. From the references: From the ASPS, there can be situations when skin redundancy can cause a functional deficit. For instance: "When surgery to remove extensive skin redundancy and fat folds is performed solely to enhance a patient's appearance in the absence of any signs or symptoms of functional abnormalities, the procedure should be considered cosmetic in nature and not a compensable procedure. For example, a panniculectomy to eliminate a large hanging abdominal panniculus and its associated symptoms would be considered reconstructive. In situations where a circumferential treatment approach is utilized to also treat the residual back and hip rolls or the ptotic buttock tissue, only the anterior portion of the procedures would be considered reconstructive, the remaining portion of the procedure would be considered cosmetic. Only in rare circumstances will buttock, thigh or arm lifts be needed to treat functional abnormalities. Typically these procedures are performed to improve appearance and are therefore cosmetic in nature." Thus, in rare instances arm lifts (brachioplasty), buttock lift (lower body lift) and thigh lifts could be considered functional treatments. I would assert that this is not the case for this patient based on the level of documentation provided in this review. From Shermak et al, "Massive weight loss leads to functional and aesthetic deformity that can be corrected with body contouring surgery." However, based on the medical records provided, there is not a clear functional deficit related to the massive weight loss in the areas of concern that has failed specific dermatologic treatment. The documentation provided for review did not provide evidence of recurrent rashes or detail specific dermatologic medications. As there is not a well-supported functional deficit detailed in the medical documentation that has failed specific dermatologic treatment, brachioplasty, bilateral thigh lift and bilateral lower body lift, should not be considered medically necessary.

**Bilateral thigh lift:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://www.aetna.com/cpb/medical/data/1\\_99/0031.html](http://www.aetna.com/cpb/medical/data/1_99/0031.html).

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**Bilateral lower body lift:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://www.aetna.com/cpb/medical/data/1\\_99/0031.html](http://www.aetna.com/cpb/medical/data/1_99/0031.html).

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**Decision rationale:** The patient is a 52 year old male who had undergone bariatric surgery with significant weight loss of over 170 pounds. He is stated to have recurrent rashes that have failed conservative medical management. Examination from 3/9/15 was not provided for this review but is stated to document rashes of the bilateral arms, trunk and medial thighs. The excess tissue is stated to have affected his ADLs. A request was made for bracioplasty, as well as treatment of multiple areas with excess soft tissue, including a thigh lift and lower body lift. Based on the medical records provided for this review, there is insufficient, clear documentation that the patient has recurrent rashes in these areas that have failed typical dermatologic management.

Previous medical records did not document recurrent rashes or detail specific dermatologic medications. Photographs were not provided for review that may help to establish the degree of severity or evidence of current intertrigo. From the references: From the ASPS, there can be situations when skin redundancy can cause a functional deficit. For instance: "When surgery to remove extensive skin redundancy and fat folds is performed solely to enhance a patient's appearance in the absence of any signs or symptoms of functional abnormalities, the procedure should be considered cosmetic in nature and not a compensable procedure. For example, a panniculectomy to eliminate a large hanging abdominal panniculus and its associated symptoms would be considered reconstructive. In situations where a circumferential treatment approach is utilized to also treat the residual back and hip rolls or the ptotic buttock tissue, only the anterior portion of the procedures would be considered reconstructive, the remaining portion of the procedure would be considered cosmetic. Only in rare circumstances will buttock, thigh or arm lifts be needed to treat functional abnormalities. Typically these procedures are performed to improve appearance and are therefore cosmetic in nature." Thus, in rare instances arm lifts (brachioplasty), buttock lift (lower body lift) and thigh lifts could be considered functional treatments. I would assert that this is not the case for this patient based on the level of documentation provided in this review. From Shermak et al, "Massive weight loss leads to functional and aesthetic deformity that can be corrected with body contouring surgery." However, based on the medical records provided, there is not a clear functional deficit related to the massive weight loss in the areas of concern that has failed specific dermatologic treatment. The documentation provided for review did not provide evidence of recurrent rashes or detail specific dermatologic medications. As there is not a well-supported functional deficit detailed in the medical documentation that has failed specific dermatologic treatment, brachioplasty, bilateral thigh lift and bilateral lower body lift, should not be considered medically necessary.