

<b>Case Number:</b>	CM13-0037894		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	03/27/1994
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 61-year-old female who reported a work-related injury on 03/27/1994, mechanism of injury not stated. The patient presents for treatment of the following diagnoses: musculoligamentous sprain of the lumbar spine, patellofemoral tracking syndrome to the right, disfiguring scar of the anterior inferior knee to the right, and rule out lateral meniscal tear anterior right. Clinical note dated 10/03/2013 reports the patient was seen under the care of treating provider [REDACTED] for her pain complaints. The provider documents upon evaluation of the patient's right knee, rate of pain is at the least 2/10, at the worst 8/10. The provider documents the patient reports give-out of the knee, and associated numbness and tingling about the knee. The provider documents the patient utilized OxyContin 60 mg 1 tab by mouth twice a day, Prilosec 20 mg 1 cap by mouth daily, and Zoloft 100 mg 1 tab by mouth twice a day. The provider documented physical exam findings of the right knee revealed Q-angle was 11 degrees. There was an irregular scar over the anterior lateral knee with thinning of the skin with numbness. Good medial and lateral excursion. Upon active flexion and extension, there was mild retropatellar crepitation. No lateral joint line tenderness. No medial joint line tenderness. No medial or lateral compartment laxity on stress testing. The cruciate and posterior and lateral corners are intact to stress testing. Range of motion of the right knee was from 4 to 121 degrees of flexion, and atrophy of the right knee as compared to the left was noted. The provider documented treatment for the patient's scar can be achieved with ND/YAG 164 laser treatments in an effort to decrease its sensitivity at the cost to 250 per treatment. The patient would like to proceed with laser treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**YAG 1064 laser treatments to the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation APG I Plus

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Evidence: Badawi, A., Tome, M. A., Atteya, A., Sami, N., & Morsy, I. A. (2011). Retrospective analysis of nonâ€•ablative scar treatment in dark skin types using the subâ€•millisecond Nd: YAG 1,064 nm Laser. *Lasers in Surgery and Medicine*, 43(2), 130-136

**Decision rationale:** The current request is not supported. The clinical notes document the provider reports a disfiguring scar at the anterior inferior knee to the right. The provider does not document the length or the width of the patient's scar to the anterior inferior portion of the right knee. The clinical notes do not evidence that this in any way objectively impedes the patient's function of the right knee. California MTUS, ACOEM, and Official Disability Guidelines do not specifically address the request. Therefore, a journal article in the *Lasers in Surgery and Medicine* which state "Preliminary data collected in this retrospective study suggest that sub-millisecond 1,064â€•nm Nd:YAG laser treatment is a safe and effective treatment for atrophic scarring in patients with darker skin types, delivering clinically and statistically significant results with reduced risk of pigment complications and patient discomfort. However, the request as submitted did not include the number of visits being requested. Given all the above, the request for YAG 164 laser treatments to the right knee is not medically necessary nor appropriate.