MAXIMUS Federal Services

Case Number:	CM13-0064433		
Date Assigned:	01/03/2014	Date of Injury:	08/10/2011
Decision Date:	04/24/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/11/2013

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. The expert reviewer is Board Certified in Orthopedic Sugery 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 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/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:

This is a 62-year-old female who was injured in an industrial accident on 8/10/11. The clinical records for review indicated that currently the claimant has a painful scar of the right hand. The claimant was documented to be status post right hand carpal tunnel release procedure performed by [redacted] on 5/25/12. The recent clinical assessment dated 11/13/13 noted continued complaints of pain in the right hand, particularly at the scar. Examination showed fibrosis and tenderness to the midportion of the scar between the proximal and distal palmar crease with moderate tenderness and moderately weak grip strength. Brisk capillary refill was noted. Based on continued complaints of pain and a diagnosis of painful scar neuroma, surgical revision of the scar with removal of a secondary lipoma was recommended. There is no documentation in the records for review of specific treatment directed at the claimant's scar prior to the recommended for surgical revision.

IMR ISSUES, DECISIONS AND RATIONALES

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

REVISION OF A SCAR ON THE RIGHT PALM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hand Surgery, Volume 1. Richard A. Berger, Chapter 46, pages 854-855

Decision rationale: The CA MTUS and ACOEM Guidelines and the Official Disability Guidelines are silent. When looking at evidenced-based Orthopedic Literature, the request for scar revision would not be indicated. While the claimant continues to have tenderness of the scar, there is a lack of documentation of prior conservative measures that have been utilized in regard to the painful scar. Providing conservative treatment directed at the painful scar could potentially eliminate the need for an operative process. The lack of documentation of post-operative care would not support the acute need of the scar revision procedure for the sole purpose of addressing the claimant's painful scar resulting from surgery in 2012.