

<b>Case Number:</b>	CM14-0106484		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/25/2006
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Spine Surgery and is licensed to practice in Texas. 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:

The injured worker is a 50-year-old female who reported an injury on 07/25/2006 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to multiple body parts to include the knee, lumbar spine, and cervical spine. The injured worker underwent multiple surgical procedures to include most recently a cervical fusion at the C5-6 in 12/2013. The injured worker was evaluated on 02/26/2014. It was noted that the injured worker had persistent cervical spine pain with restricted range of motion and tenderness to palpation. A request was made for scar revision due to persistent pain and evidence of erythema. The injured worker was again evaluate don 06/04/2014. It was noted that the treating physician's request for scar revision of the anterior cervical spine scar had received an adverse determination. Wound revision surgery was again requested due to continuation of postsurgical persistent pain and erythema in relation to the suture material.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Wound Revision Surgery, Cervical Right Anterior Spine Scar: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pubmed/150623333/> Facial Plast Surg Clin North Am. 2002 Feb;10(1)103-11

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15062333>

**Decision rationale:** The requested wound revision surgery and cervical right anterior spine scar is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address wound scar revision. Peer reviewed literature indicates that scar revision should generally not take place prior to 1 year of healing. The clinical documentation does indicate that the patient has persistent pain and erythema at the scar site. However, there is no documentation that other pain generators such as infection have not been ruled out prior to the need for scar revision. As such, the requested wound revision surgery and cervical right anterior spine scar is not medically necessary or appropriate.