

Case Number:	CM14-0014181		
Date Assigned:	02/28/2014	Date of Injury:	10/10/2012
Decision Date:	09/08/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/04/2014

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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland, Virginia and North Carolina. 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 patient is a 40 year old male with a reported date of injury on 10/10/12 from a grinder explosion who requested treatment for an upper lip scar. Documentation from 4/24/13 notes a left upper lip scar is maturing well. He feels that the left upper lip is fuller than the right side. The scar was extending through the upper vermilion into the mucosa with thick scar tissue along the left superior labial sulcus creating the fullness. The patient requested surgical revision to make the upper lip symmetric. Recommendation was made to excise out the thickened portions of the mucosa scar followed by multiple Z-plasties to prevent tethering. Documentation from 8/23/13 notes the patient had undergone a previous minor revision of the lip scar. He is noted to have slight prominence of the left upper lip. Documentation from 11/6/13 notes the patient is not happy with the appearance of his scar. There is slight spreading across the left upper lip. When he puckers the lip, it is creating a depression, making it visually more obvious. There is no evidence of separation of the orbicularis oris muscle. It has been over 6 months since the last surgery. Documentation from 12/5/13 notes asymmetrical appearance of his left upper lip that is drooping. Documentation from 12/11/13 notes the patient is still awaiting authorization for treatment of his hypertrophic scarring of the left upper lip. Documentation from 1/8/14 notes the patient is still awaiting authorization for treatment of his hypertrophic scarring of the left upper lip. Further treatment options were discussed. He would still like to go for a surgical intervention. Documentation from 2/4/14 notes the patient still has an asymmetrical left upper lip appearance. Photographs, non-operative scar treatment to date or previous operative reports were not provided for this review. The deformity described may also resemble a secondary cleft lip deformity. Scar treatment is usually continued for one year. No post-operative treatment is described.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT UPPER LIP HYPERTROPHIC SCAR EXCISION AND MULTIPLE Z-PLASTICS: 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: Ogawa, Rei, The Most Current Algorithms for the Treatment and Prevention of Hypertrophic Scars and Keloids. *Plastic & Reconstructive Surgery*. 125(2):557-568, February 2010.

Decision rationale: The patient is a 40 year old male with a documented hypertrophic scar of the left upper lip that had previously undergone minor revision. A description of this previous procedure or operative report had not been provided for review. Any post-revision treatment to prevent or treat the patient's hypertrophic scar was not documented. The exact severity of the patient's current condition cannot be adequately assessed without high-quality photographs which were not provided for this review. The surgeon's request for multiple Z-plasties and excision of 3.1-4.0 cm hypertrophic scar implies a significant condition; however, this does not appear consistent with the documented degree of severity noted in the examination detail. Photographs would help to rectify this apparent discrepancy. The ACOEM and ODG do not address scar revision. From the above reference, an algorithm is provided to prevent and treat hypertrophic scars. Hypertrophic scars become obvious within weeks after injury, after which they rapidly increase in size for 3 to 6 months. Then, after a static phase, they begin to regress. However, for those hypertrophic scar cases with scar contractures (especially joint contractures) that could result in functional dysfunction, surgery is indicated. This is not the case for this patient as there is no evidence of a functional dysfunction. Further, Hypertrophic scars without scar contractures improve naturally during the process of scar maturation (Fig. 5). However, various nonsurgical therapies can accelerate this process and improve the subjective symptoms. Thus, it is recommended that hypertrophic scars without scar contractures should be treated by one or more of the multiple nonsurgical therapies available, especially the noninvasive therapies, which include compression therapy and gel sheeting. As stated, non-operative management should be attempted prior to surgical revision. This has not been documented by the requesting surgeon. In addition, the patient had previously undergone a minor revision and thus, further non-operative management should be considered prior to any further revision. Photographs, non-operative scar treatment to date or previous operative reports were not provided for this review that could help to detail the exact nature of the patient's severity and outline previous treatment's success and/or failure. Thus, based on the medical records provided for review, left upper lip Hypertrophic Scar Excision and Multiple Z-Plastics is not medically necessary.