MAXIMUS Federal Services

Case Number:	CM14-0116291		
Date Assigned:	08/04/2014	Date of Injury:	05/30/2000
Decision Date:	09/24/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/24/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 66-year-old female who sustained an industrial injury on 5/30/2000. She has had pain in her neck and upper extremities. The patient had left trigger thumb release on 5/19/14. From her most recent consultation on 6/17/14, the patient presented complaining of persistent pain in her left shoulder and some swelling and pain in the left thumb. On examination of the upper extremities there was slight hypertrophy of the left trigger thumb scar with mild tenderness. There was tenderness and triggering at the A1 pulley of the right thumb and grip strength was diminished. Diagnoses included status post trigger thumb release, right trigger thumb, bilateral forearm and upper extremities tendinitis, bilateral thumb CMC synovitis. Treatments have included physical therapy, occupational therapy, acupuncture and surgery. It was recommended that she would benefit from a scar pad for her left trigger thumb scar. The request for DME scar pad for left finger was denied on 07/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Scar Pad for the left finger: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedicineNet.com.

Decision rationale: The CA MTUS/ACOEM/ODG do not address the issue. According to MedicineNet.com, since scars are part of the normal healing process, ordinary scars are not treated. Only scars that are likely to be cosmetically undesireable are considered treatable, including those predisposed to develop keloids as well as scars in anatomical regions known to produce thick scars and scars that produce a significant unpleasant distortion of adjacent anatomical structures. In this case, scar formation at the left thumb is not only cosmetically undesireable, but also could be functionally disruptive at this important anatomical location. Therefore, the request is medically necessary.