

Case Number:	CM14-0128316		
Date Assigned:	08/15/2014	Date of Injury:	10/22/2012
Decision Date:	09/15/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/12/2014

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 Surgery 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 claimant is a 50-year-old gentleman who was injured on 10/22/12. The clinical records provided for review include a progress report on 05/23/14 noting continued complaints of pain in the left hand, wrist and forearm. Physical examination was documented to show decreased grip strength on the left and mildly restricted flexion and extension of the wrist. It was documented that there was a scar deformity present on the dorsal aspect of the webspace extending proximally to the radial aspect of the hand. There are alternating areas of hyperpigmentation and hypopigmentation. The recommendation at that time was for a scar revision surgery to include tissue expanders along the radial aspect of the scar at the left forearm and the left wrist. There is no documentation of other findings or recent conservative care indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Placement/insertion of PMT corporation Tissue Expanders along the radial aspect of the scar in the left forearm, at the level of the left wrist, and at the level of the left dorsal hand on the ulnar border of the scar, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Integrated Treatment/Disability Duration Guidelines, Burns (updated 02/18/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: Based on California ACOEM Guidelines, the request for surgery for the hand and wrist, request in this case would not be indicated. At present there is no clear indication of a clinical or special study evidence of a lesion that is shown to benefit in both the short or long term from operative intervention as recommended by the ACOEM Guidelines. This individual is noted to have a scar of the left upper extremity. There is typically no clear indication for scar revision procedures based on appearance alone. Without indication of underlying clinical pathology that would support the need for surgical intervention, the request for scar revision procedure in this individual would not be supported as medically necessary based on clinical records for review.