MAXIMUS Federal Services

Case Number:	CM14-0167399		
Date Assigned:	10/14/2014	Date of Injury:	10/20/2010
Decision Date:	11/24/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/10/2014

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 General Surgery and Plastic Surgery and is licensed to practice in Arizona and 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 30-year-old male who reported an injury on 10/20/2010. The mechanism of injury was a car accident. The medications were not provided. The radiographs dated 08/29/2014 revealed a small radiopaque density posteriorly at the region of the olecranon. There was a request for authorization submitted for review. The documentation of 06/23/2014 revealed the injured worker had scarring from a motor vehicle accident. The scar of the elbow measured 8cm in length and 2.5 cm in width. The injured worker had normal range of motion. There was a thin line laceration of the right hypothenar is of the right hand and there were lacerations of over the knuckles of the left hand which healed with scarring. The documentation indicated the injured worker would benefit from a revision of the laceration of the elbow and over the left middle and ring metacarpal area. The injured worker indicated that he was concerned about the scars.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scar revision of the right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Canale T. Campbell's Orthopedics- 10th Edition, University of Tennessee- Campbell Clinic, Memphis, TN and Green's Operative Hand Surgery, 6th Edition

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: Thomas, J. R., & Somenek, M. (2012). Scar revision review. Archives of facial plastic surgery, 14(3), 162-174.

Decision rationale: Thomas, J. R., & Somenek, M. (2012), "Scars are a natural part of dermal healing following lacerations, incisions, or tissue loss. They can vary in quality depending on the individual's racial characteristics, the mechanism of the trauma, and conditions in which the wound healed--all of which are factors beyond the surgeon's control." The clinical documentation submitted for review failed to provide documentation of objective findings to support the necessity for scar revision. There was a lack of documentation of exceptional factors. Given the above, the request for scar revision of the right elbow is not medically necessary.

Scar revision of the left middle and ring metacarpal area: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Canale T. Campbell's Orthopedics- 10th Edition, University of Tennessee- Campbell Clinic, Memphis, TN and Green's Operative Hand Surgery, 6th Edition

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: Thomas, J. R., & Somenek, M. (2012). Scar revision review. Archives of facial plastic surgery, 14(3), 162-174.

Decision rationale: The clinical documentation submitted for review failed to provide documentation of objective findings to support the necessity for scar revision. There was a lack of documentation of exceptional factors. Given the above, the request for scar revision of the left middle and ring metacarpal area is not medically necessary.