

Case Number:	CM14-0177488		
Date Assigned:	10/30/2014	Date of Injury:	08/11/2009
Decision Date:	12/08/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/27/2014

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 46-year-old female who reported an injury on 08/11/2009. The mechanism of injury involved repetitive activity. The current diagnosis is keloid or hypertrophic scar of the right shoulder. The injured worker presented on 09/29/2014. It is noted that the injured worker is status post right shoulder surgery in 06/2010 and a second right shoulder surgery on 05/28/2014. The current medication regimen includes Motrin. Physical examination revealed no acute distress, hypersensitivity over the scar of the right shoulder, and a keloid or hypertrophic scar over the right lateral shoulder measuring 2 cm vertically and 2 cm transversely. A fine non hypertrophic scar from a revision surgery was also present. Treatment recommendations at that time included surgical adjacent tissue rearrangement of the soft tissues of the right shoulder with excision of the hypertrophic scar tissue and keloid, and advancement rotation flaps to affect soft tissue reconstruction. A Request for Authorization form was then submitted on 09/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Adjacent Tissue Rearrangement of soft tissue of (R) shoulder with excision of Hypertrophic Scar Tissue or Keloid Advancement Rotation Flaps to effect Tissue Reconstruction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: California MTUS/ACOEM Practice Guidelines do not specifically address the requested procedure. Official Disability Guidelines do not specifically address the requested procedure. www.nlm.nih.gov. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 07 Nov 2014. A keloids is a growth of extra scar tissue where the skin has he

Decision rationale: According to the [REDACTED] and [REDACTED] [REDACTED] a keloid is a growth of extra scar tissue where the skin has healed after an injury. Keloids often do not require treatment. If the keloid is bothersome, it can be treated with corticosteroid injections, freezing, laser treatment, radiation, surgical removal, or silicone gel or patches. Many of the above mentioned treatments can cause a larger keloid scar to form. As per the documentation submitted, the injured worker is status post 2 right shoulder surgeries. Hypersensitivity over the keloid or hypertrophic scar on the right lateral shoulder was noted on physical examination. However, it is unclear whether the soft tissue is a keloid or a hypertrophic scar. Surgical treatment for a keloid can cause a larger keloid scar to form. There is no documentation of an attempt at conservative management prior to the request for a surgical excision. Based on the clinical information received, the request is not medically appropriate at this time.