

Case Number:	CM14-0028040		
Date Assigned:	06/16/2014	Date of Injury:	07/23/2007
Decision Date:	07/16/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	03/05/2014

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 Occupational Medicine 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 patient is a 60 year old male who was injured on 07/23/2007. The mechanism of injury is unknown. The patient has been treated conservatively with 10 sessions of physical therapy which he reported did not provide relief of symptoms. The patient underwent right carpal tunnel syndrome surgery on 10/02/2013. Progress report dated 01/21/2014 reports the patient complained of right hand pain and numbness of the radial aspect of the index finger. Objective findings on exam revealed tenderness over the opsites. There was slight incongruity in the surface fo the medial to lateral pinch. Diagnoses are lumbosacral neuritis/radiculitis, rule out lumbar spine disc displacement, and cubital tunnel syndrome left/ulnar nerve entrapment. The treatment and plan included physical therapy. Prior utilization review dated 02/03/2014 states the request for scar gel is not certified as the request is not support with clinical findings and is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

SCAR GEL: Upheld

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

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: Topical Treatment for Hypertrophic Scars; Journal of the American Academy of Dermatology; Zurada et al; Volume 55; Issue 6; December 2006.

Decision rationale: This is a request for "scar gel" in order to relieve adhesions in an incongruous scar of the R wrist in a 60 year old male who underwent right carpal tunnel surgery on 10/3/13. The request does not specify the ingredients or brand of the requested "scar gel." "Scar gel" appears to be either a silicone gel or onion extract. "Scarderm" is also mentioned and appears to contain an onion extract. However, silicon gels are believed to be inferior to silicon sheeting, and onion extracts have unproven efficacy. Medical necessity is not established.