

Case Number:	CM14-0034767		
Date Assigned:	06/20/2014	Date of Injury:	12/28/2011
Decision Date:	11/21/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/20/2014

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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland, Virginia, and North Carolina. 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 39 years old female with a reported date of injury on 12/28/11 who had suffered a facial laceration while at work. A glass bottle had broken and lacerated her face. She was sutured in the emergency room. On follow-up from 2/5/13, she was noted to have a 3 dimensional scar of the face. The patient complains of throbbing and pulsation s in the region of the scar. The scar is an obvious deformity of the face. RFA for consultation and treat by plastic surgery was performed on 2/5/13. Documentation from 2/21/14 notes that the patient has a tender, misshapen scar of the right jaw line. She is also doing pain management for the nerve pain in her jaw. She is requesting scar revision. Documentation from 2/27/14 notes that the patient had been approved for consultation for plastic surgery evaluation for scar revision. Utilization review dated 3/10/14 did not certify the procedure. Reasoning given was that a plastic surgery consult was certified but did not recommend scar revision. The consultant determined that surgery or steroid injections would not be useful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scar revision: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The patient is a 39 years old female with a symptomatic scar following previous laceration while at work. A consultation for scar revision was certified by the documentation provided from the UR. In addition, the UR stated that "The consultant determined that surgery or steroid injections would not be useful." Thus, based on the UR review findings, scar revision for this patient should not be considered medically necessary, as the consultant did not recommend intervention. The medical records from this consultant were not provided for this review. From ACOEM, page 92, referrals are addressed: Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. Thus, as reported by the UR, if the consultant does not recommend surgical intervention, then the medical necessity of the procedure has not been established.