

Case Number:	CM14-0047916		
Date Assigned:	07/02/2014	Date of Injury:	12/28/2011
Decision Date:	09/29/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/16/2014

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 54-year-old female who reported an injury on 12/28/2011 due to acid burns to the right hemiface and shoulder, which had left her with significant hypertrophic scarring and disfigurement. On 01/30/2014, the injured worker presented with hyperpigmented burn scars on the right cheek and shoulder. The diagnosis was hyperpigmented and hypertrophic burn scars to the right neck, shoulder, and cheek. The physical examination was not provided at this time. Prior treatment included laser and medications. The provider recommended fractional laser treatment x 6 to the face and neck, due to significant improvements. The Request for Authorization form was dated 03/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fractional Laser Treatments x 6 to the Face and Neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna (2007) - pulsed dye laser treatment, Blue Cross Medical Policy - Treatment of Keloids and Scar Revision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Burn, Laser Therapy.

Decision rationale: The request for fractional laser treatment x 6 to the facet and neck is not medically necessary. The guidelines state one of the most significant advances in scar management over the past 10 years has been the broad application of laser therapy, resulting in a shift in status from an emerging technology to a forefront of treatment. Laser scar revision is recommended when there is documented evidence of significant physical functional impairment related to the scar and the treatment can reasonably be expected to improve the physical functional impairment. Laser scar revision is also recommended when there is significant variation from normal related to an accidental injury, disease, trauma, or treatment of disease or congenital defect. The injured worker has been using laser scar treatments since at least 2012. There have been no objective functional improvements documented. The amount of laser treatment the injured worker had already undergone was not provided. As such, the request is not medically necessary.