

<b>Case Number:</b>	CM14-0050949		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/04/2006
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 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:

This 50 year old male has had bilateral cubital and carpal tunnel release. The requesting provider is of the opinion that the residual discomfort and tenderness is related to the scar themselves. He has used the ND Yag Lased with three treatments on the left apparently with great benefit to the patient. He now is requesting authorization to do the same laser treatment to the scar oat the right elbow and wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient laser treatmetns for three sessions tot he right elbow and right wrist scars:**

Overtuned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter.

**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:1 ) Nd:YAG Laser Treatment of Keloids and Hypertrophic ScarsSatoshi Akaishi, MD, PhD, Sachiko Koike, MD, Teruyuki Dohi, MD, Kyoko Kobe, MD, Hiko Hyakusoku, MD, PhD, and Rei Ogawa, MD, PhD2 ) Skin Therapy LetterLaser Management of Acne Scarring; Laser Options Targeting Skin Texture; Hypertrophic Scars.

**Decision rationale:** The literature does, in fact support laser treatment for the scar. This is not a request to treat the carpal or cubital tunnel but, as specified, the scar. Although some of the benefit might be cosmetic, the scar in this area which is across a joint can be tender and hypertrophic. The request is medically necessary.