MAXIMUS Federal Services

Case Number:	CM14-0070328		
Date Assigned:	06/30/2014	Date of Injury:	03/24/2011
Decision Date:	08/19/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/09/2014

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 & Rehab, has a subspecialty in Pain Management 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 is a patient with a date of injury of 3/24/11. A utilization review determination dated 4/2/14 recommends non-certification of laser treatment for hypertrophic scar. 3/21/14 medical report identifies that the patient has not yet heard about the referral for laser dermatology for her hypertrophic scar following her first dorsal compartment release. Intermittently, she will have more severe discomfort, but is doing okay opening jars and turning doorknobs. On exam, there is a hypertrophic scar that is well mobilized. There is ongoing discomfort through the extensor forearm musculature predominantly just proximal and radial to the EPL musculotendinous junction. She has ongoing discomfort with extension of the digits against resistance as well as some discomfort along the mid-radial aspect of the forearm with supination against resistance. Treatment plan included referral for dermatology. 5/1/14 medical report identifies continued itching and burning in the area of the scar, which continues to be somewhat prominent.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Laser Treatment for Hypertrophic Scar related to the right Forearm/wrist, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Other Medical Treatment Guideline or Medical Evidence: http://www.ncbi.nlm.nih.gov/pubmed/24281600.

Decision rationale: Regarding the request for Laser Treatment for Hypertrophic Scar related to the right Forearm/wrist, as an outpatient, California MTUS and ODG do not address the issue. A search of the National Library of Medicine revealed an article entitled 'Laser therapy for prevention and treatment of pathologic excessive scars' identifying that the level of evidence for laser therapy as a keloid treatment is low and further research is required to determine the mechanism of action for different laser systems and to examine the efficacy in quantifiable parameters, such as scar erythema, scar texture, degrees of symptom relief, recurrence rates, and adverse effects. In light of the above issues, the currently requested Laser Treatment for Hypertrophic Scar related to the right Forearm/wrist, as an outpatient is not medically necessary.