

<b>Case Number:</b>	CM14-0076045		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/19/2011
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Orthopedic 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:

The injured worker is a 58-year-old female who reported injury on 09/19/2011. The injured worker had left arthroscopic knee surgery on 03/06/2014 for osteochondral defect lesion of the patella and a meniscus tear. The mechanism of injury was not provided. The documentation of 04/29/2014 revealed the injured worker was ambulating with a cane. The portals were healed. The diagnoses included depressive disorder, bursitis of the knee, and a tear of medial meniscus of the knee. The treatment plan included PracaSil scar cream for the left knee for postoperative scar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Operative Procasil 240 gms (Keloid Scar Cream): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, NSAIDs, FDA-approved agents, Lidocaine, Baclofen, Other muscle relaxants, Gabapentin, Other anti-epilepsy drugs, Ketamine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.pccarx.com/pcca-products/pcca-exclusives/bases/pracasil-plus>.

**Decision rationale:** Per pccarx.com, PracaSil-plus may be used after surgery on injury with the hope of reducing inflammation and the build up of scar tissue. The clinical documentation submitted for review indicated the usage was for a build up of scar tissue. However, there was a lack of documentation of a buildup of scar tissue to support the request. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for postoperative PracaSil 240 grams (keloid scar cream) is not medically necessary.