

<b>Case Number:</b>	CM14-0077238		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Texas and Arizona. 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 30-year-old male who reported an injury on 04/26/2012. The mechanism of injury was not specifically stated. The injured worker is currently diagnosed with open dislocation of the elbow, nonunion fracture, and fracture of the olecranon process. It is noted that the injured worker is status post surgery to the right forearm on 11/11/2013. The injured worker was recently evaluated on 05/06/2014. He is status post flap reconstruction of the right arm skin graft. It is noted that the injured worker was doing extremely well following surgery and had excellent function of the hand and elbow. There was scar tissue noted from the previous skin graft. Service up for review now is a scar excision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Revision of healed scar on right arm with complex wound:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ann Plastic Surgery 2012: Dec; 69(6):637-42. Doi: 10.1097/SAP.0b013e318274d876. "Are auricular keloids and persistent hypertrophic scars resectable? The role of intrascar excision." Yang JY, Yang SY, Source Linkou Burn Center, Department of Plastic Surgery, Chang Gung Memorial Hospital and University, Taoyuan, Taiwan. jyyang@adm.cgmh.org.tw last updated 12/01/2012 and Apollo Managed Care.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

**Decision rationale:** California MTUS ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have significant limitation of activity for more than 3 months, failure to improve with exercise programs, and clear clinical and electrophysiological or imaging evidence of a lesion. It is noted that the injured worker has undergone flap reconstruction of the right arm skin graft. The injured worker does not completely extend the right elbow, but does have full flexion. There is scar tissue noted from a previous skin graft. However, it is noted that the residual decrease in extension is secondary to bony injury rather than soft tissue injury. The current request for a revision with complex wound reconstruction is solely to improve the appearance of the upper extremity, rather than correct or restore function. Therefore, the current request cannot be determined as medically appropriate.