

<b>Case Number:</b>	CM14-0078002		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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, has a subspecialty in Plastic Surgery and is licensed to practice in Arizona and Texas. 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 36-year-old female who reported an injury on 09/12/2011. The mechanism of injury was not stated. Current diagnosis is repetitive strain injury to the right upper extremity. The injured worker was evaluated on 04/24/2014. The injured worker reported persistent right upper extremity pain with weakness and tingling. Physical examination revealed keloid formation in the right medial elbow with tenderness at the volar forearm. Treatment recommendations included a plastic surgery consultation regarding the keloid at the right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Plastic Surgery Consultation (regarding keloid to right elbow):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the medical necessity for the requested plastic surgery

consultation has not been established. There is only mention of a painful scar. Without further rationale supporting scar excision, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary.