

Case Number:	CM14-0080531		
Date Assigned:	08/08/2014	Date of Injury:	10/09/2007
Decision Date:	09/18/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/02/2014

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 54-year-old who reported an injury on October 9, 2007 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to multiple body parts. The injured worker was evaluated on March 17, /2014. It was noted that no complications had developed related to the injured worker's symptoms since the prior appointment. The injured worker's diagnoses included status post laceration midline forehead, status post repair midline forehead wound in the emergency room setting, status post laceration nasal bridge, status post repair of nasal bridge wound in the emergency setting, status post right shoulder arthroscopic surgery open repair. The injured worker's medication usage was not provided. A request was made for final scar excision and reconstruction of nasal bridge, final scar excision of reconstruction of forehead, and associated postoperative care and medications with preoperative medical clearance. However, no justification for the request was provided. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Final Scar Excision and Reconstruction of Nasal Bridge, Final Scar Excision and Reconstruction of Forehead: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Mathes Textbook Plastic Surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Burn Chapter, Laser therapy (scar management).

Decision rationale: The requested decision for final scar excision and reconstruction of nasal bridge, final scar excision and reconstruction of forehead is not medically necessary or appropriate. The clinical documentation submitted for review indicates that the injured worker sustained an injury approximately 7 years ago that was repaired in an emergency room setting. California Medical Treatment Utilization Schedule does not specifically address scar repair. Official Disability Guidelines recommend scar repair for patients who have documented evidence of significant physical functional impairment related to the scar which would reasonably be expected to improve with revision of the scar. The clinical documentation submitted for review does not provide any description of significant impairment related to the injured worker's scar. There are no physical quantitative measures to describe the scar. There is no indication that the injured worker requires the excision of the scar tissue. As such, the request for a final scar excision and reconstruction of nasal bridge and final scar excision and reconstruction of forehead is not medically necessary or appropriate.

Pre Operative Medical Clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Keflex (unspecified strength), thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Norco (unspecified strength), ninety count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Zofran (unspecified strength), thirty count: Upheld

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 cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.