

Case Number:	CM14-0080811		
Date Assigned:	07/23/2014	Date of Injury:	02/22/2010
Decision Date:	09/26/2014	UR Denial Date:	05/21/2014
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 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:

This 54-year-old male sustained an industrial injury on 2/22/10. Injury occurred lifting heavy sacks of coins. The 12/30/13 right shoulder MRI showed a full thickness tear of the supraspinatus tendon without retraction and progressive of impingement syndrome and acromioclavicular (AC) joint wear. The 3/7/14 treating physician report requested authorization for right shoulder arthroscopy with AC resection, and evaluation of the rotator cuff, biceps tendon, and labrum. Pre-operative and post-operative services/durable medical equipment were also request. Rejuveness pure silicone sheet was requested to reduce scarring. The 4/8/14 treating physician report cited moderate right shoulder pain and inability to lift his arm. Functional difficulty was noted in activities of daily living. Physical exam documented abduction 100 degrees, rotator cuff tenderness, no weakness to resisted function, and positive impingement. The patient had been approved for right shoulder surgery. The 5/21/14 utilization review denied the request for post-operative Rejuveness as there was weak evidence of a benefit of silicone gel sheeting as a prevention for abnormal scarring in high-risk individuals. The 6/10/14 treating physician report appealed the denial for one sheet of Rejuveness to reduce scarring after surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Rujiveness (1 silicone sheeting to reduce scarring): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cochrane Database Syst Rev. 2013 Sept 12.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: O'Brien L, Jones DJ. Silicone gel sheeting for preventing and treating hypertrophic and keloid scars. Cochrane Database Syst Rev. 2013 Sep 12;9.

Decision rationale: The California MTUS and Official Disability Guidelines do not provide recommendations for silicone gel sheeting. The Cochrane Database included a study of 20 randomized controlled trials or controlled clinical trials comparing silicone gel sheeting for prevention or treatment of hypertrophic or keloid scars with any other non-surgical treatment, no treatment or placebo. The authors concluded that there was weak evidence of a benefit of silicone gel sheeting as a prevention for abnormal scarring in high-risk individuals. There is no compelling reason to support the medical necessity of silicone gel sheeting for general reduction of scarring. There is no documentation that this patient is at high risk for abnormal scarring. Therefore, this request is not medically necessary.