

<b>Case Number:</b>	CM14-0188843		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	04/22/2014
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Plastic 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:

This is a 57-year-old worker who suffered a work related injury on April 22, 2014. The mechanism of injury was documented as trauma to the face resulting in bruising of the nose and upper lip. There was also a through-and-through laceration on the right side of the upper lip. At the time of injury, the laceration was treated with tape strips, the worker did not see a physician until two to three days later and at that time no sutures were used. There was a physician's visit dated October 16, 2014 that documented internal derangement of the right upper lip and the worker was referred to a plastic surgeon for evaluation of the wound. Per the documentation of the plastic surgeon visit dated November 3, 2014, the skin around the scar and nose was yellowish in discoloration and slightly thickened. The exam revealed that extraocular motion was intact, visual fields within normal limits, no nystagmus or scleral icterus. The nose was symmetrical and no difficulty breathing, there was vertical rhytides around the upper and lower lips with a curvilinear scar on the right side of the upper lip, which was indented and well healed with slight thickening. There was slight paresis on the right side of the upper lip, no swelling or tenderness and the scar measured 2 centimeters. Diagnosis documented at this visit was curvilinear scar on the right side of the upper lip with indentation of two centimeters. The utilization review decision dated November 3, 2014 was for a revision of the right upper lip scar. It stated that the scar measured 3.1 centimeter and was three millimeters at the widest point. The laceration was noted to have been closed by secondary intention with a primary repair. Per the documentation, the description of the wound used inconsistent terminology because a primary repair does not cause healing by secondary intention. The documentation did not report bleeding, itching, causing pain, showing inflammation, obstruction or restrict vision. The wound is not subject to repeated trauma. The surgical repair would be appropriate for cosmetic improvement, but is not medically necessary based on the records reviewed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**revision of right upper lip scar:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Medical Association, CPT Manual 2014, Benign Excision Codes Must be Justified, CPT Corner and on the Non-MTUS American Society of Plastic Surgeons

**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: <http://emedicine.medscape.com/article/838297-overview>

**Decision rationale:** A revision of the right upper lip scar is medically necessary. Medscape.com states scar evaluation and revision techniques are chief among the most important skills in the facial plastic and reconstructive surgeon's armamentarium. Often minimized in importance, these techniques depend as much on a thorough understanding of facial anatomy and aesthetics, advanced principle of wound healing, and an appreciation of the overshadowing psychological trauma as they do on thorough technical analysis and execution. Patients who are candidates for scar revision procedures often present after significant loss of regional tissue, injury that crosses anatomically distinct facial aesthetic units, wound closure by personnel less experienced in plastic surgical technique and poor post injury wound management. In regards to the patient, documentation stated that at the time of injury, the laceration was treated with tape strips, and the injured worker did not see a physician until 2 to 3 days later, and at that time no suture was used. It was also noted that the scar on the lip was indented and well healed with slight thickening. There was also slight paresis on the right side of the upper lip. Therefore, the request for a revision of the right upper lip scar is medically necessary.