MAXIMUS Federal Services

Case Number:	CM14-0195543		
Date Assigned:	12/03/2014	Date of Injury:	11/09/2006
Decision Date:	01/15/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/21/2014

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 Physical Medicine, has a subspecialty in Interventional Spine 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:

The patient is a 51 year old male with an injury date of 11/09/06. Based on the 06/03/14 progress report, the patient complains of persistent pain along the right knee with popping, clicking, and instability. He has tenderness along the right knee and a positive McMurray's medially. The 09/26/14 report states that the patient has right knee pain daily which he rates as a 7-8/10. He has frequent spasms, numbness, and tingling. At times, he has depression due to his chronic pain that is decreasing his functionality. The 10/24/14 report indicates that the patient continues to have right knee pain which he rates as a 7/10. The patient's diagnoses include the following:1.Internal derangement of the knee on the right, status post medial meniscectomy2.Internal derangement of the knee on the left3.The patient has issues with sleep, stress, and depressionThe utilization review determination being challenged is dated 11/06/14. Treatment reports were provided from 05/02/14- 11/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rejuveness (Pure Silicone Sheeting): 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 Sep 12;9;CD003826. doi: 10.1002/14651858.CD003826.pub3. Silicone gel sheeting for preventing and treating hypertrophic and keloid scars.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.rejuveness.com/c23/Silicone-Sheeting-c173.html AETNA http://www.aetna.com/cpb/medical/data/300_399/0389.html

Decision rationale: According to the 06/03/14 report, the patient presents with persistent pain along the right knee with popping, clicking, and instability. The request is for ReJuveness (Pure Silicone Sheeting). There is no discussion provided as to why the patient needs ReJuveness (Pure Silicone Sheeting).ReJuveness Silicone Sheeting (http://www.rejuveness.com/c23/Silicone-Sheeting-c173.html) has the following benefits:1.Restores scarring to your skins normal texture and color permanently2.Eliminates itching and pain that so often accompanies problem scarring3.Reusable, just one sheet required for entire treatmentWhile MTUS and ODG do not address this product, the AETNA guidelines regarding Hypertrophic Scars and Keloids states that "silicone products (e.g., sheeting, gels, rigid shells) experimental and investigational for the treatment of hypertrophic scars or keloids because there is inadequate evidence from prospective randomized clinical trials in the peer-reviewed published medical literature of the effectiveness of silicone products in alleviating symptoms of hypertrophic scars and keloids" (http://www.aetna.com/cpb/medical/data/300_399/0389.html).In this case, given the lack of medical evidence and the AETNA guidelines stating that there is "inadequate evidence from prospective randomized clinical trials in the peer-reviewed published medical literature of the effectiveness of silicone products in alleviating symptoms of hypertrophic scars and keloids," the requested ReJuveness (Pure Silicone Sheeting) is not medically recommended.