

Case Number:	CM14-0198975		
Date Assigned:	12/09/2014	Date of Injury:	07/31/2013
Decision Date:	01/28/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/26/2014

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 Otolaryngology (ENT) 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 38-year-old male with a 07/31/13 date of injury due to a propane explosion. The patient jumped from a scissor lift 20 feet high, landing on his feet, in an attempt to avoid the flames, which had already reached the basket. Patient suffered burns on legs and ears. On 10/08/14 Patient presents with a 3/10 pain, currently taking tramadol 50 mg b.i.d. patient underwent debridement and skin graft to the ears. Patient reports that the symptoms have significantly improved and he continues with periodic injections to each year to decrease the postburn scarring. On exam, there is scarring anterior to both ears and from the burns. Otherwise the inspection of skin and subcutaneous tissues negative for lesions, rash or ulceration. Palpation of skin and subcutaneous tissues negative for induration, nodularity or tightening. Diagnoses: Left tibia shaft fracture, left Lisfranc dislocation, right foot fourth and fifth metatarsal fractures, bilateral ear burn third-degree. The treatment plan section states that the patient's symptoms are improving and the patient should be MMI at the next evaluation. 10/13/14 progress report states that estimated return to work is unknown at this time, depending upon the patient having to have a skin graft on his ears and posterior neck. The patient states he is working full duty and may have another set of Cortizone injections from the plastic surgeon, who has not yet deemed permanent and stationary. The assessment section states that the patient has minimal discomfort in right foot and is happy with the outcome of his treatment and will continue to have Cortizone to his ears as recommended by [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Multiple Steroid Injections under Anesthesia 50 units to the ears: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92, 127, 305.
Decision based on Non-MTUS Citation www.medicinenet.com

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: Ophthalmic Plastic & Reconstructive Surgery: Post Author Corrections: July 14, 2014
doi: 10.1097/IOP.0000000000000214 http://journals.lww.com/ops/Abstract/publishahead/Injectable_5_FU_With_or_Without_Added_Steroid_in.99206.aspx
Injectable 5-FU With or Without Added Steroid in Periorbital Skin Grafting: Initial
Observations. Yoo, Donald B. M.D.; Azizzadeh, Babak M.D.; Massry, Guy G. M.D.

Decision rationale: Review of scientific literature establishes the medical efficacy of the steroid injections in combination with skin grafting, which the patient underwent to bilateral ears on 10/13/14. However, the documentation presents no rationale to establish the medical necessity for prescription of 50 injections, as stated in the application for independent medical review, dated 11/21/14. In the absence of such information, the recommendation for 50 units of steroid injections into the patient's ears is not recommended. Non-certify.