

Case Number:	CM14-0207348		
Date Assigned:	12/19/2014	Date of Injury:	01/15/2011
Decision Date:	02/12/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/11/2014

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 is a 44-year-old female with a 1/15/11 date of injury. She was seen on 11/18/14 for pain related to a keloid formation after a left carpal tunnel release (CTR), which she rated as a 7-8/10. Exam findings revealed a hypertrophic scar with tenderness to palpation and mildly diminished range of motion. She was again seen on 1/6/15 with exam findings of a raised hard nodular scar over the left wrist with extreme sensitivity and tenderness to palpation on flexion and extension. Her keloid scarring was noted to be getting progressively worse. Treatment to date has included medications. The diagnosis is status post CTR with excessive and progressive keloid scarring. The UR decision dated 12/8/14 denied the request, as there was no evidence of significant functional impairment related to the keloid.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Surgical Consultation with a Plastic Surgeon: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004 Chapter 6- Independent Medical Examinations and Consultations, (pp 127, 156).

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. This patient has had worsening keloid scarring with extreme tenderness since her left CTR. She is in significant pain. At this point, a consultation with a plastic surgeon is reasonable. Therefore, the request for a Surgical Consultation with a Plastic Surgeon is medically necessary.