

Case Number:	CM15-0103939		
Date Assigned:	06/08/2015	Date of Injury:	07/10/2014
Decision Date:	07/28/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 injured worker is a 22 year old male, who sustained an industrial injury on July 10, 2014. He reported cutting his right hand at the base of the thumb. The injured worker was diagnosed as having open wound of right hand - keloid. Treatment to date includes wound care. On March 9, 2015, the injured worker complains of right wrist pain, which is describes as dull, burning, minimal, and occasional. The treating physician notes persistent pain and cosmetic dysfunction. The physical exam revealed a well-healed right wrist scar. The requested treatments include chemical exfoliation 4 units biweekly, injection intralesional up to 7, and Triamcinolone Acetonide.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chemical exfoliation 4 units biweekly: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dermatol Surg. 2012 Oct; 38(10):1662-7. doi: 10.1111/j.1524-4725.2012.02541.x. Epub 2012 Sep 18. Focal high-concentration trichloroacetic

acid peeling for treatment of atrophic facial chickenpox scar: an open-label study. Barikbin B1, Saadat N, Akbari Z, Yousefi M, Toossi P. *Dermatol Ther.* 2008 Nov-Dec;21 Suppl 3:S29-32. doi: 10.1111/j.1529-8019.2008.00239.x. CROSS technique: chemical reconstruction of skin scars method. Fabbrocini G1, Cacciapuoti S, Fardella N, Pastore F, Monfrecola G.

Decision rationale: MTUS, ACOEM and ODG are silent on scar management. ODG does support dermabrasion for scars ("Dermabrasion is generally used for other scars to smooth scars and stimulate skin collagen production.") and exfoliation works in similar manner by removing the outer layers of scar to allow the scar to remodel. A study by Barikiban et al concluded the chemical peeling improved scarring. Other authors report improved scarring with chemical peels. The treatment is appropriate for the patient's keloid. The request is medically necessary.