

Case Number:	CM15-0106270		
Date Assigned:	06/10/2015	Date of Injury:	09/19/2013
Decision Date:	07/13/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/02/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 32 year old male, who sustained an industrial injury on 9/19/2013, while working as an assistant operator. He reported that molten plastic exploded onto him, splashing his face, chest, bilateral arms, anterior neck, and anterior legs. He sustained multiple second and third degree burns and also injured his right shoulder while jumping from the machine. The injured worker was diagnosed as having second and third degree burns along the sternum and face, as well as left thigh, right knee, left pectoralis, with burning throughout the left and right forearm region. Treatment to date has included surgical intervention with multiple skin grafts. A dermatology progress report (3/18/2015) noted complaints of scarring to face, chest, and neck, noting hyperpigmentation and keloids. Treatment with laser and chemical peels were recommended in the future if needed. Currently (4/21/2015), the injured worker complains of pain in his right shoulder and cervical spine. He was also documented as having recurrent nightmares and sleep disturbances. He reported that he did not yet begin chemical peels with the dermatologist. The treatment plan included dermatologic management with laser and chemical peels, due to severe skin disfigurement. His work status was total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chemical Peels/Laser: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 19.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Burn section, under Laser.

Decision rationale: This claimant was injured in 2013 when molten plastic splashed his face, chest, bilateral arms, neck and anterior legs. He had multiple second and third degree burns. There was scarring to the face, chest and neck with keloids. Laser and chemical peels were recommended in the future if needed. This would aid severe skin disfigurement. The quantity and duration however is not noted. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes: Criteria for laser therapy in scar management: (1) Laser scar revision is recommended when there is documented evidence of significant physical functional impairment related to the scar and the treatment can be reasonably expected to improve the physical functional impairment. (2) Laser scar revision is recommended when there is significant variation from normal related to accidental injury, disease, trauma, or treatment of a disease or congenital defect. The guides are silent on chemical peels, however, the necessity analysis would be similar as criteria for laser peels. In this case, although the scarring is well documented, it is not clear there is resultant functional deficit that would improve with the modality. No contractures are noted. It does not appear the guides support only cosmetic improvement, but also functional enhancement. Further the frequency and duration, key elements in determining appropriateness of care, were not provided. The request does not meet criteria for certification or is medically necessary.