

Case Number:	CM15-0139967		
Date Assigned:	07/29/2015	Date of Injury:	01/15/1997
Decision Date:	08/27/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/20/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 47 year old female, who sustained an industrial injury on 1-15-1997. The injured worker was diagnosed as having carpal tunnel syndrome. Treatment to date has included diagnostics, cervical spinal surgery in 1998, cervical epidural steroid injections, splinting, and medications. Currently, the injured worker complains of left hand numbness and tingling with catching of the left thumb. Medications included Tramadol, Tylenol, and Lyrica. Exam noted tenderness to palpation over the A1 pulley of the thumb. She wished to proceed with surgical intervention for her left carpal tunnel syndrome. The treatment plan included advanced scar gel. A rationale was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Advanced scar gel, post-operative left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Pulsed dye laser (PDL) therapy for scars.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter and pg 31.

Decision rationale: According to the guidelines in the head chapter, scar treatment is managed with pulsed dye lasers. Topical gels are not outlined. In addition, the details on the necessity of the scar gel were not noted. There was no mention of the scar retarding functionality. The request for the scar gel is not medically necessary.