

Case Number:	CM15-0163816		
Date Assigned:	09/01/2015	Date of Injury:	04/28/2015
Decision Date:	10/08/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/20/2015

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: North Carolina
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 45 year old male who sustained an industrial injury on 4-28-15. He had complaints of right shoulder, elbow and wrist pain. He was diagnosed with a laceration of the wrist and needed 18 stitches. Treatments include: medications, physical therapy and injections. Progress report dated 7-1-15 reports follow up for right arm, left forearm and right ankle injury. He continues with ongoing pain in the anterior right shoulder and upper arm. The right shoulder has been clicking recently. The pain is rated 6 out of 10. Diagnoses include: labral tear of long head of right biceps tendon and contusion of right shoulder. Plan of care includes: request consultation with orthopedic shoulder specialist, finish physical therapy and follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elidel 1% cream, 30gm, one application 2 times a day on the hypertrophic scar left forearm to relieve hyperkeratosis, inflammation, and hyperesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation drugs.com - Elidel (pimecrolimus).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, elidel.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of topical inflammation. It is not indicated for the treatment of scars as it has been prescribed and therefore the request is not medically necessary.