

<b>Case Number:</b>	CM15-0168068		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	07/02/2014
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 52 year old male who sustained an industrial injury on 7-2-2014. He has reported a burn to the right arm and has been diagnosed with improved hypertrophic scar-dyschromia located on right distal outer forearm-wrist. Treatment has included medications. Skin examination was found to be normal to the right upper extremity. The treatment plan included follow up and laser therapy. The treatment request included 3 sessions of CO2 laser resurfacing to burn on the right forearm and 3 sessions of Kenalog injection to burn on the right forearm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Three (3) sessions of CO2 laser resurfacing to burn on right forearm: 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), Criteria for laser therapy in scar management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Burns, Laser therapy (scar management).

**Decision rationale:** The claimant sustained a chemical burn injury to the right arm in July 2014 and is being treated for hypertrophic scarring. No surgery has been performed. When seen, he was more than one year status post injury. He was using Pramoxone lotion and Tri-Luma cream. There was a hypertrophic scar with discoloration measuring 5.5 x 1.5 cm over the outer right forearm/wrist. Authorization is being requested for laser treatments and corticosteroid injections. Laser therapy for scar management is recommended. One of the most significant advances in scar management over the past 10 years has been the broader application of laser therapy, resulting in a shift in status from an emerging technology to the forefront of treatment. 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. In this case, the presence of functional impairment on either a physical or a psychological basis is not documented. The requested laser treatments are not considered medically necessary.

**Three (3) sessions of Kenalog injection to burn on right forearm:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gauglitz, GG. Management of keloids and hypertrophic scars: current and emerging options. Clin Cosmet Investig Dermatol. 2013; 6: 103-114.

**Decision rationale:** The claimant sustained a chemical burn injury to the right arm in July 2014 and is being treated for hypertrophic scarring. No surgery has been performed. When seen, he was more than one-year status post injury. He was using Pramoxone lotion and Tri-Luma cream. There was a hypertrophic scar with discoloration measuring 5.5 x 1.5 cm over the outer right forearm/wrist. Authorization is being requested for laser treatments and corticosteroid injections. The use of intralesional triamcinolone acetonide represents the therapy of choice for hypertrophic scars. In this case, the claimant's injury was more than one year ago. The requested intralesional injections are medically necessary.