

Case Number:	CM15-0180820		
Date Assigned:	09/22/2015	Date of Injury:	02/26/2012
Decision Date:	10/27/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/14/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 60 year old female, who sustained an industrial injury on 2-26-2012. Medical records indicate the worker is undergoing treatment for right foot degenerative joint disease exostosis of the 1st metatarsi-phalangeal joint-status post repair of right hallux rigidus on 3-6-2015 and overuse injury of the right foot. A recent progress report dated 8-11-2015, reported the injured worker complained of right foot pain rated 4-5 out of 10 with a hyper sensitive scar. Physical examination revealed right foot scar and noted scar med to right 1st metatarsi-phalangeal. Treatment to date has included physical therapy and medication management. The physician is requesting topical scar cream. On 9-2-2015, the Utilization Review noncertified a request for topical scar cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical scar cream RX 8/24/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date: keloids and hypertrophic scars.

Decision rationale: This injured worker with an industrial injury in 2012 has a hyper sensitive scar of the right foot. Multiple medical and surgical therapies have been used for the treatment of keloids and hypertrophic scars. Data on the utility and benefit of these treatments are limited and there is no universally accepted treatment approach. The records do not justify goals of therapy for the topical scar cream with regards to pain or reduction in size or symptoms. The request for topical scar cream is not medically necessary.