

Case Number:	CM15-0182562		
Date Assigned:	09/23/2015	Date of Injury:	12/29/2014
Decision Date:	10/28/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/16/2015

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 48 year old female, who sustained an industrial injury on 12-19-2014. The injured worker is currently able to work modified duty. Medical records indicated that the injured worker is undergoing treatment for sprain of left wrist and degenerative arthritis of carpometacarpal joint of thumb. Treatment and diagnostics to date has included anti-inflammatory medications, therapy, splinting, and cortisone injection. Current medications include Tylenol and Naproxen. In a progress note dated 08-31-2015, the injured worker reported "no significant changes in the current symptoms" with a history of left wrist pain and discomfort. Objective findings included positive grind test at the base of the left thumb carpometacarpal joint with crepitation with range of motion. The treating physician stated that x-rays obtained in office today of the left thumb carpometacarpal joint revealed "arthritic changes at the base of the thumb carpometacarpal joint consistent with an Eaton grade 3." The Utilization Review with a decision date of 09-08-2015 non-certified the request for advanced scar gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: DME Advanced Scar Gel: 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).

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of scar gel or scar excision. ODG burn chapter is referenced. Scar treatment is recommended for scars with significant functional impairment related to the scar where there is a reasonable expectation of improvement with treatment. In this case the note from 9/8/15 does not document clearly that a significant function impairment caused by the scar exists. Therefore the request is not medically necessary.