

Case Number:	CM15-0029383		
Date Assigned:	02/23/2015	Date of Injury:	07/07/2014
Decision Date:	04/08/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/18/2015

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: Minnesota, Florida
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 65-year-old female, who sustained an industrial injury on 7/7/14. She has reported a left forearm abrasion from scraping it against a door. Treatment to date has included wound care to the area. As of the PR2 dated 9/5/14, the injured worker reports scarring and pigmentation and irregular surface of the wound and is unhappy with the appearance. The treating physician requested a scar excision/revision of the left forearm. On 1/20/15 Utilization Review non-certified a request for a scar excision/revision of the left forearm. The utilization review physician cited the medical necessity. On 2/8/15, the injured worker submitted an application for IMR for review of a scar excision/revision of the left forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scar Excision/Revision Left Forearm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

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

Decision rationale: According to ODG guidelines, burns chapter, Laser therapy for scar management 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. Laser scar revision is recommended when there is significant variation from normal related to accidental injury, disease, trauma, or treatment of a disease or congenital defect. Based on the ODG guidelines, laser scar revision is recommended; however, surgical excision of the scar is not recommended. As such, the request for scar excision/revision, left forearm is not supported and in the absence of significant functional impairment, the medical necessity of the request has not been substantiated.