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| Case Number: | CM15-0216575 | | |
| Date Assigned: | 11/06/2015 | Date of Injury: | 09/11/2012 |
| Decision Date: | 12/18/2015 | UR Denial Date: | 10/13/2015 |
| Priority: | Standard | Application Received: | 11/03/2015 |

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:

This injured worker is a 26 year old male who reported an industrial injury on 9-11-2012. His diagnoses, and or impressions, were noted to include: status-post right hand penetrating injury with crush & laceration dorsal aspect; right 4th & 5th fingers neuropraxia; right little finger laceration; status-post right dorsal hand exploration, debridement tenolysis & repair (9-12-12); and status-post right carpal tunnel release surgery (11-19-14). No current electrodiagnostic, imaging, or x-ray studies were noted. His treatments were noted to include orthopedic hand, plastic surgery & reconstructive specialist consultation and treatment; an agreed medical evaluation on 6-26-2015; medication management with toxicology screenings; and rest from work (laid off) before a return to modified work duties on 9-17-2015. The progress notes of 9-17-2015 reported complaints which included: a review of systems reporting musculoskeletal cramps, pain stiffness, spasms, joint pain and sore muscles; pain and numbness of the right fingers; pain on the palm side of the right wrist; increasing pain in the right wrist with flexion-extension, that radiated to the elbow; and numbness-tingling of the right palm-inner biceps. The objective findings were noted to include: increased tenderness right lateral epicondylar region; pain to the thenar eminence; decreased light touch, median and ulnar right side; and right weakness. The physician's requests for treatment were noted to include that scar cream was required or recommended, and not received on 9-3-2015. No Request for Authorization for scar cream for the right hand was noted in the medical records provided. The Utilization Review of 10-13-2015 non-certified request for scar cream for the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scar cream for the right hand x1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/7976767>.

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 is a non-specific request for scar cream for the right hand. There is no discussion of efficacy with regards to pain or function or whether this was to reduce scar tissue or treat pain. Multiple medical and surgical therapies have been used for the treatment of keloids and hypertrophic scars. However, data on the efficacy of these treatments are limited and there is no universally accepted treatment approach. The medical necessity of "scar cream" is not substantiated in the records. The request is not medically necessary.