

Case Number:	CM15-0085875		
Date Assigned:	05/08/2015	Date of Injury:	02/20/2013
Decision Date:	06/09/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/05/2015

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, Indiana, Oregon
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:

This is a 64 year old female with a February 20, 2013 date of injury. A progress note dated April 13, 2015 documents subjective findings (left knee painful going up stairs, but otherwise improving; pain over the scarred area to the anterior aspect of the knee), objective findings (nodular scar tissue over the anterior proximal portion of the wound that remains; wound is healed), and current diagnoses (left total knee arthroplasty with residual painful scar; right knee mild to moderate degenerative osteoarthritis). Treatments to date have included left total knee arthroplasty, therapy, and cortisone injection of the right knee. The treating physician documented a plan of care that included a left knee scar excision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee scar excision: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Burn Chapter, Laser Therapy.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of 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 4/13/15 does not document clearly that a significant function impairment caused by the scar exists. Therefore the request is not medically necessary.