

Case Number:	CM14-0110079		
Date Assigned:	09/16/2014	Date of Injury:	07/10/2012
Decision Date:	10/24/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/15/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50-year-old female injured on July 10, 2012 due to falling out of a rolling chair. A progress note, dated June 11, 2014, indicated the injured worker continued with right shoulder, right leg and lumbar pains. The injured worker has pain reaching behind her body, twisting to the right and placing the right hand behind her head. The injured worker is currently prescribed Pamelor, Ultram, and Trazodone. The physical examination showed restricted motion with right shoulder flexion and abduction. There was a right shoulder arthroscopy performed on October 10, 2013, from which she developed a keloid on the right shoulder incision. Diagnoses include lumbar degenerative disc disease and right shoulder tendinitis. The injured worker was on temporary total disability. The request is for right shoulder keloid excision, preoperative complete blood count, preoperative electrocardiogram, preoperative basic metabolic panel and preoperative PT lab. They were denied in a prior utilization review dated June 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Keloid 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ██████████, Brian, Keloid and Hypertrophic Scar, Medscape, Updated March 19, 2014.

Decision rationale: Studies have indicated that surgical keloid excision is hardly ever successful as another incision develops another keloid. According to ██████████, "Excisional surgery alone has been shown to yield a 45% to 100% recurrence rate and should very rarely be used as a solitary modality". Additionally, keloids and hypertrophic scars do not usually cause symptoms. Considering this, the request for right shoulder keloid excision is not medically necessary.

Pre-Operative Complete Blood Count: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative Lab Testing, Updated August 22, 2014.

Decision rationale: As the accompanying request for a right shoulder keloid incision has been determined not to be medically necessary, so is this request for a preoperative complete blood count.

Pre-Operative Electrocardiogram: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative Electrocardiogram, Updated August 22, 2014.

Decision rationale: As the accompanying request for a right shoulder keloid excision has been determined not to be medically necessary, so is this request for a preoperative electrocardiogram.

Pre-Operative Base Metabolic Panel: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back, Preoperative Lab Testing, Updated August 22, 2014.

Decision rationale: As the accompanying request for a right shoulder keloid excision has been determined not to be medically necessary, so is this request for a preoperative base metabolic panel.

Pre-Operative PT lab: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back, Preoperative Lab Testing, Updated August 22, 2014.

Decision rationale: As the accompanying request for a right shoulder keloid excision has been determined not to be medically necessary, so is this request for a preoperative PT lab.