

Case Number:	CM14-0116924		
Date Assigned:	08/06/2014	Date of Injury:	01/18/2012
Decision Date:	10/10/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/24/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 57 year old male who reported an injury on 01/18/2012 with an unknown mechanism of injury. The injured worker was diagnosed with rotator cuff tear, internal derangement, pain, and impingement of the left shoulder. The injured worker was treated with medications and physical therapy. The medical records did not provide diagnostic studies or surgical history pertinent to the request. On the clinical note dated 04/04/2014, the injured worker complained of left shoulder pain. The injured worker had restricted range of motion to the left shoulder in all directions with positive impingement, Neer's, and Hawkins signs. The injured worker was prescribed metformin, glipizide, and Norco; the dose and frequency was not provided. The treatment plan was for rejuveness (1 silicone sheeting to reduce scarring) to the left shoulder. The rationale for the request was not provided. The request for authorization was submitted for review on 04/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Special Service/Proc/ReportReJuveness (1 Silicone sheeting to reduce scarring) to the Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN SOCIETY OF PLASTIC SURGEONS "SCAR REVISION/MINIMIZING A SCAR

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: PubMed Central, The Efficacy of Silicone Gel for the Treatment of Hypertrophic Scars and Keloids, Neerja Puri and Ashutosh Talwar.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2918339/>

Decision rationale: The request for Special Service/Proc/Report ReJuveness (1 Silicone sheeting to reduce scarring) to the Left Shoulder is not medically necessary. The injured worker complained of left shoulder pain. PubMed states, "Topical silicone gel sheeting is cumbersome to keep on the scar, and the patient compliance often is low for lesions in visible areas. Tapes or bandaging frequently is not accepted. It may also lead to skin irritation, which can require discontinuation of treatment, especially in hot climates. Gel sheeting is effective for scar control, but patient compliance with the method is not always satisfactory." The medical records did not indicate a surgical history or documentation of scarring to warrant the request. As such, the request for special service/proc/report rejuveness (one silicone sheeting to reduce scarring) to the left shoulder is not medically necessary.