

<b>Case Number:</b>	CM14-0118954		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/30/2011
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Internal Medicine and is licensed to practice in California. 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 32 year old female whose date of injury is 08/30/11 when a customer forcefully grabbed her hand. She sustained a fracture of the left 5th metacarpal, and underwent ORIF. On 09/19/13 the injured worker underwent removal of painful retained hardware. Progress report dated 01/23/14 noted that the injured worker reports 60% improvement overall and does not feel physical therapy is going to be beneficial at this time and would like to be discharged. The injured worker subsequently was referred to acupuncture and was reported to do well. Progress report dated 04/21/14 noted that the injured worker has a small scar present on her left hand. There is no surgery recommended for the scar, and no further appointments were scheduled for the injured worker. The records reflect that the injured worker is bothered by the "unsightly scar" on her left hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Plastic surgeon consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-278.

**Decision rationale:** CA MTUS provides that a referral for consultation may be to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The records indicate that the injured worker has a small scar on the left hand, but no surgery was planned for the scar. No objective findings were provided indicating that the scar is painful or results in any functional deficits. No photographic evidence was provided indicating that this is a large keloid scar that requires revision. Based on the clinical information provided, the request for Plastic surgeon consultation is not recommended as medically necessary.