

Case Number:	CM14-0132263		
Date Assigned:	08/22/2014	Date of Injury:	05/02/2011
Decision Date:	09/24/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/18/2014

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 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:

This is a 51 year old female with a 5/2/11 injury date. The mechanism of injury was not provided. In a 7/28/14 follow-up, subjective complaints include right arm and shoulder pain. Objective findings include tenderness to palpation right anterior shoulder and well-healed arthroscopic portal holes. Diagnostic impression: right shoulder burn scar. Treatment to date: right shoulder arthroscopy, medication management, home exercise. A UR decision on 8/7/14 denied the request for scar excision with primary closure on the basis that the medical records provided did not document a lesion for which excision with primary closure and long-term support system to prevent thickening or widening of the scar would be medially indicated. In addition, there were no exam findings regarding the scar and no evidence of functional deficits in relation to the scar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery, excision with primary closure with long term support system to prevent thickening or widening of scar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-110.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 9 Shoulder Complaints, pages 209-110. The Expert Reviewer's decision rationale: CA MTUS recommends scar revision surgery for lesions that cause persistent functional limitations. In the present case, there is documentation that the scar is a cosmetic concern only. There is no documentation explaining how excision of the scar would help the patient's pain and dysfunction. There are no exam findings that describe the nature of the scar and no evidence of functional deficits that would be caused by the scar. Therefore, the request for a decision for surgery, excision with primary closure with long term support system to prevent thickening or widening of scar, is not medically necessary.