

<b>Case Number:</b>	CM14-0093921		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/17/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Plastic 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 36-year-old male with a 7/17/2013 date of injury, due to a MVA. 5/23/14 determination was non-certified given no documentation that other scar treatments have failed or documentation of pain, itching, or other debilitation associated with the scars. 8/20/14 orthopedic report identified a well-healed scar over the lateral aspect of the right ankle. 8/19/14 dermatology report revealed that the patient was being treated for dyschromia, scar, and chronic venous left leg. It was reported as being the same. Recommendations included support stocking and fractionated laser resurfacing. 7/15/14 orthopedic report identified that the patient previously underwent a surgery to the left knee to replace the hardware and remove the hardware from the right foot. 6/2/14 operative report identified that removal of deep implant, left tibia (rod), intramedullary tibial nailing (exchange nailing, left tibia), intraoperative use and interpretation of fluoroscopic images, and application of splint, left leg, were performed. 1/23/14 operative report identified that removal of deep hardware, right tibia was performed. The patient is also s/p ORIF right calcaneal fracture 7/27/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Fractionated laser Resurfacing times six (6) sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Biotechnology Information

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: Fraxel Laser Indications and Long-Term Follow-Up evolution of ablative and nonablative systems. Ablative laser skin resurfacing with either carbon dioxide (CO<sub>2</sub>) or erbium:yttrium-aluminum-garnet (Er:YAG) laser systems is a well accepted treatment for facial rejuvenation, predictably improving the appearance of photoinduced rhytides and dyschrom

**Decision rationale:** The patient apparently was being treated for dyschromia and a scar. However, there was no subjective and objective findings included for review by the provider that would perform the procedure. Although there were other reports indicating a scar, there was no evidence of significant physical functional impairment related to the scar. In addition, no evidence based/peer reviewed literature was found in support for the use of fractional lasers in the treatment of lower extremities scars, as current literature supports its use only for facial areas. The medical necessity was not substantiated.