

<b>Case Number:</b>	CM14-0045766		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/15/2011
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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:

The patient is a 57-year-old female with a 02/15/11 date of injury. In 03/20/14 postoperative office visit note states subjective complains of hands wrists and fingers symptoms. Patient is status post carpal tunnel release on the right. Pain persists at the base of the palm at the level of the incision, triggering the long digit is recurring. Pain radiates to mid palm and into the for radial digits. Duration is chronic. Pain is rated at 3-6/10. With the occasional tingling in 3 radial digits, primarily in the tips. Carpal tunnel on the left, with pain in the base of the palm and volar wrist. Radiate at 4-6/10, with radiation to arm with tingling in the for radial digits long digit on the right, shows triggering, which was relieved by injection. Severity is 4-6/10, symptoms are increasing since the injection. Injection has given the patient near complete relief of symptoms. Current Medications: Cymbalta, Restoril, topiramate, amitriptyline, soma, flurazepam, Norco. On physical exam, there is tenderness of the lower aspect of the wrist at the mid wrist, extending to the base of the palm. Finkelstein's testing is negative. Range of motion: Extension 50, clenching 60, UD 20, RD 15 degrees. Grasp is weak, Tinel's is negative, Guyon's testing is positive. Right long digit shows moderate tenderness, fullness of the tendon without crepitation. Right hand and wrist shows a scar from prior carpal tunnel release with slight swelling. Slight tenderness in the wrist and moderate at the base of the palm. Tinel's causing a sensation at the tip of the index and long digit which is not tingling, however the patient cannot further describe it. Grasp is moderately weak. Radial pulses are 2+/4+. The discussion section states that overall the right carpal tunnel is progressing well, patient has significant induration in the base of the palm. The physician recommends three sessions of laser treatments, which would help decrease the overall swelling and scarring. Assessment: Carpal tunnel syndrome, chronic pain syndrome, dysthymic disorder.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **3 Laser Treatments for right palm scar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cosmet Laser Ther. 2012

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mathes Textbook of Plastic Surgery Excessive scar treatment Scar classification

**Decision rationale:** The medical necessity has not been established for this request, since there is no description of other more conservative measures at scar treatment such as massage, steroid injection, topical silicone or compression. Furthermore, it is very likely that the pain is due to cutaneous nerve entrapment or injury at the site of the scar or complex regional pain syndrome. Neither of these would be expected to improve after laser treatment of the scar. Therefore, the request is not medically necessary.