

Case Number:	CM14-0053361		
Date Assigned:	07/07/2014	Date of Injury:	05/19/2011
Decision Date:	01/02/2015	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/22/2014

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 Interventional Spine 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 48-year-old female with the date of injury of May 19, 2011. The listed diagnoses are cervical neuritis/radiculopathy, medial epicondylitis of elbow, lateral epicondylitis of elbow, and blisters with epidermal loss due to second-degree burn of forearm and keloid scar. According to progress report dated March 12, 2014 the patient presents with complaints of right shoulder and elbow pain. She rates her pain 7/10 and reports that work exasperates her symptoms. There is no physical examination on this date. Report from January 23, 2014 states the patient has continued right shoulder and forearm pain with tingling and numbness. Examination revealed tenderness in the neck and positive Tinel's. Range of motion was within normal limits in the shoulders, elbows and wrists. The physician recommended that the patient continue seeing the dermatologist for laser treatments for forearm keloids. The utilization review denied the request on March 19, 2014. Treatment reports from 5/17/13-3/12/14 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of C02 laser coupled with intralesional kenalog injections x 6 for the right forearm: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Burns chapter: Laser Online Forearm, Wrist & Hand chapter: Injection

Decision rationale: The MTUS and ACOEM guidelines do not discuss CO2 laser treatments and corticosteroid injections of the forearm are also not covered in MTUS or ACOEM. The ODG guidelines do discuss laser treatments and injections. The ODG guidelines for laser therapy scar management states, "Recommended. One of the most significant advances in scar management over the past 10 years has been the broader application of laser therapy, resulting in a shift in status from an emerging technology to the forefront of treatment. Laser scar revision is recommended when there is significant variation from normal related to accidental injury, disease, trauma, or treatment of a disease or congenital defect." Regarding steroid injections, the ODG states, "Recommended for Trigger finger and for de Quervain's tenosynovitis as indicated below." The ODG does not discuss the usage of steroid injections for topical scar treatments. Local corticosteroids for the treatment of burns are supported by ODG. In this case the treating physician has requested a combination procedure of laser therapy along with a Kenalog injection. The ODG supports the usage of laser treatment to help with scar management and local steroid injection is a reasonable approach to the treatment of this patient's burn and keloid scar. The request is medically necessary.