

<b>Case Number:</b>	CM15-0011424		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 30 year old male, who sustained an industrial injury on 10/30/2012 due to a propane explosion. He sustained third degree burns to 50-58% of his total body surface, and constrictive scarring on the right and left arms. Treatment to date has included physical therapy, skin grafting, contracture release, CO2 laser therapy, and medications. He underwent laser phototherapy of the bilateral forearms and hands on 6/06/2014. The 9/8/14 treating physician report indicated that the patient had some restricted left arm range of motion with a significantly large area of poorly healed tissue. Physical exam documented about 10 degrees loss of left elbow range of motion in extension due to scar contracture. The treatment plan recommended additional laser therapy at the burn center. The 12/30/14 treating physician report indicated there was significant scarring with an area of burn contracture on the left antecubital fossa. There was persistent hypertrophic uneven scarring throughout the bilateral upper extremities. He was scheduled for surgery on 1/07/2015. On 1/07/2015, Utilization Review non-certified a request for release contracture left hand with Z plasty noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. Non MTUS was cited. On 1/21/2015, the injured worker submitted an application for IMR for review of release contracture left hand with Z plasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left hand contracture release with z-plasty: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Scar Revision, Author Howard s Kotler, MD, FACS, Clinical Assistant Professor, Department of Otolaryngology Head and Neck Surgery, University of Illinois at Chicago

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheelless; Textbook of Orthopaedics. Burns of the Hand. (5/22/12) [http://www.wheelessonline.com/ortho/burns\\_of\\_the\\_hand](http://www.wheelessonline.com/ortho/burns_of_the_hand) Management of Burns. (12/10/12) [http://www.wheelessonline.com/ortho/management\\_of\\_burns](http://www.wheelessonline.com/ortho/management_of_burns)

**Decision rationale:** The California MTUS guidelines and the Official Disability Guidelines do not provide recommendations for burn contracture release surgeries. The Wheelless Textbook of Orthopaedic relative to burn management support the use of surgical release with Z-plasty for contractures of the metocarpophalangeal and proximal interphalangeal joints of the hand. Guideline criteria have not been met. There is no evidence of specific hand contractures. Contracture of the left antecubital fossa was evidenced, with recent laser treatment documented as beneficial. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request for release contracture left hand with Z plasty is not medically necessary.