

Case Number:	CM15-0128507		
Date Assigned:	07/15/2015	Date of Injury:	12/07/2012
Decision Date:	09/02/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/03/2015

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: Arizona

Certification(s)/Specialty: 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 49 year old female who sustained an industrial injury on December 7, 2012. She has reported injury to the abdomen and has been diagnosed with abdominal contour deformity pannus due to a motor vehicle accident and status post panniculectomy and contouring of the abdomen to umbilical scar contracture due to partial umbilical necrosis. Treatment has included surgery and occupational therapy. The eschar that was previously there in the early postoperative phases had sloughed but had left very little umbilicus which was left viable. The small amount of the umbilicus which was left is very scarred and contracted. The injured worker did not have any pain or signs of infection at the time. The treatment request included revisional procedure and umbilical plasty and post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revisional Procedure & Umbilical Plasty: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Medical Policy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anthem BCBS Clinical UM guideline. Treatment of Keloids and Scar Revision.

Decision rationale: Scar Revision Medically Necessary: Scar revision is considered medically necessary when there is documented evidence of significant physical functional impairment related to the scar and the treatment can be reasonably expected to improve the physical functional impairment. Reconstructive: Scar revision is considered reconstructive when there is significant variation from normal related to accidental injury, disease, trauma, or treatment of a disease or congenital defect. Cosmetic and Not Medically Necessary: Scar revision is considered cosmetic and not medically necessary when performed in the absence of a significant physical functional impairment, is not reconstructive, and is intended to change a physical appearance that would be considered within normal human anatomic variation. This patient's umbilical plasty and revisional procedure would fall under the reconstructive category for scar revision, as it is a significant variation from normal related to injury, trauma, or treatment of a disease (the prior surgery). Therefore, the prior utilization review is overturned and the proposed surgery is medically necessary and appropriate.

Post op Physical Therapy 3x4 Qty: 12.00: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11.

Decision rationale: "Post-surgical physical medicine period" means the time frame that is needed for postsurgical treatment and rehabilitation services beginning with the date of the procedure and ending at the time specified for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section. For all surgeries not covered by these guidelines, the postsurgical physical medicine period is six (6) months. Therefore, since the guidelines do not include umbilical plasty as a surgery, then it is reasonable and medically necessary for physical therapy as requested 3 times per week for 4 weeks. The prior utilization review is overturned. Therefore, the request is medically necessary.