

Case Number:	CM15-0128809		
Date Assigned:	07/15/2015	Date of Injury:	04/08/2004
Decision Date:	08/18/2015	UR Denial Date:	06/11/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old female, who sustained an industrial injury on 4/8/2004. She reported injuries to both shoulders and wrists. Diagnoses have included status post left and right carpal tunnel release (2009), right carpal tunnel recurrence, right chronic wrist pain, right DeQuervain's disease, right fourth finger tendinitis without triggering and stenosing tenosynovitis of the right ring finger, right index finger, right long finger and right little finger. Treatment to date has included surgery, cortisone injections and physical therapy. According to the orthopedic progress report dated 5/28/2015, the injured worker complained of slight pain and tightness of the right ring finger. She complained of tightness and pain of the right little finger. She complained of numbness and sensitivity of the scars on the palm of the right hand. She also complained of worsening pain in the right and left shoulders. Objective findings revealed increasing tenderness and triggering to the right long finger and right little finger. Authorization was requested for scar cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scar cream (name not specified): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Scar management and treatment strategies, Chen MA, Davidson TM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, under PDL.

Decision rationale: The patient presents with pain in the right and left shoulders and right fingers. The request is for SCAR CREAM (NAME NOT SPECIFIED). The request for authorization is dated. The patient is status post left carpal tunnel release, 10/2009. Status post right carpal tunnel release 12/2009. Status post re-exploration left carpal tunnel, 01/20/15. Physical examination reveals increasing tenderness and triggering to the right long fingers. Increased tenderness and triggering right little finger. Patient had very good response to the cortisone injection right ring finger. Worsening symptoms to the right other fingers especially right little finger. Patient is to continue with conservative management. ODG-TWC Guidelines, Head chapter, under PDL states, "Commonly used nonsurgical methods of scar revision include topical applications (e.g., silicone, vitamin E, pressure dressing, herbal extracts), intralesional medication (e.g., steroids, anti-mitotics), soft-tissue augmentation (e.g., collagen, fat), laser applications (e.g., pulsed dye, CO2), cryotherapy and make-up camouflage. Nonsurgical modalities can be used as prophylactic prevention of adverse scar formation, as definitive treatment, as intervening therapy until further surgical repair can be made, or as adjunctive treatment following surgical scar revision." Per progress report dated 05/28/15, treater's reason for the request is "Maintains a moist environment at the application site. The objective of wound management is to provide conditions that will maintain a moist wound environment which allows for optimal healing. This also allows the possibility of increasing macrophage and fibroblast activity, re-epithelialization and the production of collagen. Pain is decreased as well by maintaining this moist environment." In this case, the patient is status post wrist surgery. ODG recommends the use of topical applications as prophylactic prevention of adverse scar formation. Therefore, the request IS medically necessary.