

Case Number:	CM15-0170279		
Date Assigned:	09/10/2015	Date of Injury:	10/10/2014
Decision Date:	12/07/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/28/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 59-year-old male, who sustained an industrial-work injury on 10-10-14. He reported initial complaints of right hand pain with crush injury. The injured worker was diagnosed as having post index ray amputation post fillet flap with thumb interphalangeal and metacarpophalangeal joint stiffness and contracture. Treatment to date has included medication, surgery (contracture release capsulotomy, ulnar sagittal band division and reconstruction, osteophyte resection and silicone implant arthroplasty on 6-1-15), physical therapy, and psychiatric therapy. X-rays were reported on 11-4-14 of the right hand showed amputation of the second metacarpal fracture at the base with pin fixation. Currently, the injured worker complains of inability to use right hand at all for any ADL's (activities of daily living) or tasks. He is ambidextrous. Pain is rated 7 out of 10 with burning pain. Pain pills do not help much. Per the primary physician's progress report (PR-2) on 7-21-15, exam noted mild swelling of dorsum of right hand, stable post-op and limited range of motion. Current plan of care includes additional hand therapy and psychiatric therapy. The medication list includes Tramadol and Oxycontin. The patient had received an unspecified number of psychiatric therapy and PT visits for this injury. The patient had a well-healed incision of the right hand on 6/23/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Month supply of scar away pads: 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 PubMed International clinical recommendations on scar management. Mustoe TA, Cooter RD, Gold MH, Hobbs FD, Ramelet AA, Shakespeare PG, Stella M, Téot L, Wood FM, Ziegler UE, International Advisory Panel on Scar Management *Plast Reconstr Surg.* 2002 Aug; 110 (2): 560-71. AD Division of Plastic and Reconstructive Surgery, Northwestern University School of Medicine, Chicago, [Ill. 60611, USA. tmustoe@nmh.org](mailto:tmustoe@nmh.org) PMID12142678, PubMed German S2k guidelines for the therapy of pathological scars (hypertrophic scars and keloids). Nast A, Eming S, Fluhr J, Fritz K, Gauglitz G, Hohenleutner S, Panizzon RG, Sebastian G, Sporbeck B, Koller J, German Society of Dermatology *J Dtsch Dermatol Ges.* 2012 Oct; 10 (10): 747-62. Epub 2012 Sep 3. Division of Evidence-Based Medicine (dEBM), Department of Dermatology, Charité-Universitätsmedizin Berlin, Germany. PMID22937806, PubMed The use of silicone gel sheeting in the management of hypertrophic and keloid scars. Poston JJ *Wound Care.* 2000 Jan; 9 (1): 10-6.

Decision rationale: 2 Month supply of scar away pads MTUS/ACOEM guideline does not specifically address this issue. Hence Pub Med used. Scar away pads are silicone sheets that are used for softening hypertrophic scars after use for a period of about 8 weeks. The use of these pads over hypertrophic scars or keloids is supported by research. The patient has had a crush injury of the right hand. He has had surgeries of the right hand for this injury. As per the records provided the patient had a well healed incision of the right hand on 6/23/15. He has a history of contracture of the right hand. The use of scar away pads for 2 months is medically appropriate and necessary in this patient for improvement in the scars causing the contractures. The request for a 2 Month supply of scar away pads is deemed medically appropriate and necessary in this patient at this time.