MAXIMUS Federal Services

| Case Number: | CM15-0178385 | | |
|---|---|---|---|
| Date Assigned: | 09/21/2015 | Date of Injury: | 08/18/2014 |
| Decision Date: | 10/22/2015 | UR Denial Date: | 08/19/2015 |
| Priority: | Standard | Application Received: | 09/11/2015 |

## 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, Oregon, Washington
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 51 year old male, who sustained an industrial injury on 8-18-14. The injured worker was diagnosed as having thermal burn injury involving the face, left shoulder, upper extremity and left chest; post burn hyperpigmentation of forehead; scarring of left shoulder; chest soft tissue scarring; post burn tendinitis left shoulder with adhesive capsulitis. Treatment to date has included post burn care [redacted]; physical therapy; multiple steroid injections to left shoulder scars (9-2015); medications. Currently, the PR-2 notes dated 7-20-15, the provider documents the injured worker "continues to be plagued with discomfort as well as pruritus involving the extensive hypertrophic scars about the left shoulder." The provider lists the medications for this injured worker as: "Hydroxyzine, Motrin and Oxycodone." On physical examination the provider documents, The hyperpigmentation involving the chest and shoulder shows additional interval improvement; however, there are multiple areas of hypertrophic scarring about the shoulder. Tenderness about the shoulder is decreased with some suboptimal range of motion that has improved marginally in the recent weeks. The left shoulder range of motion is documented by this provider noting actual and normal "extension 40 out of 50, flexion 160 out of 180, abduction 140 out of 180, adduction 25 out of 40, internal rotation 55 out of 80 and external rotation 85 out of 90." The injured worker was involved in an industrial injury 8-18-14 resulting in diagnoses of thermal burn injury involving the face, left shoulder, upper extremity and left chest; post burn hyperpigmentation of forehead; scarring of left shoulder; chest soft tissue scarring; post burn tendinitis left shoulder with adhesive capsulitis. The provider has requested surgery for the left shoulder scarring.

Utilization Review denied the surgery due to no other conservative treatment such as steroid injections to the shoulder have been documented. The provider did carry out the left shoulder scar injection with steroids in September 2015 per PR-2 notes dated 9-17-15 medical documentation submitted for the IMR. A Request for Authorization is dated 9-10-15. A Utilization Review letter is dated 8-19-15 and non-certification was for Left shoulder excision of extensive hypertrophic scarring with surgical closure and Manipulation under anesthesia. Utilization Review denied the requested treatment for not meeting the ACOEM Guidelines. The provider is requesting authorization of Left shoulder excision of extensive hypertrophic scarring with surgical closure and Manipulation under anesthesia.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder excision of extensive hypertrophic scarring with surgical closure:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Laser therapy in scar management.

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of scar excision. ODG burn chapter is referenced. Scar treatment is recommended for scars with significant functional impairment related to the scar where there is a reasonable expectation of improvement with treatment In this case the note from 7/20/15 does not document clearly that a significant function impairment caused by the scar exists. Therefore the request is not medically necessary.

**Manipulation under anesthesia:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MUA.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder section /adhesive capsulitis.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of surgery for adhesive capsulitis. Per ODG shoulder section, the clinical course of this condition is self-limiting. There is insufficient literature to support capsular distention, arthroscopic lysis of adhesions/capsular release or manipulation under anesthesia (MUA). The clinical information from 7/20/15 does not show evidence of adhesive capsulitis. Additionally the documented range of motion does not show a significant deficit. Based on the above, the requested procedure is not medically necessary.