

Case Number:	CM15-0028353		
Date Assigned:	02/20/2015	Date of Injury:	04/20/2010
Decision Date:	04/03/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/14/2015

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: New York, New Hampshire, 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 59-year-old female, with a reported date of injury of 04/20/2010. The diagnoses include other disorders of the skin and subcutaneous tissue, hypertrophic scar, and status post a right ankle tendon tear. Treatments were not included in the medical records provided for review. The progress report dated 12/09/2014 indicates that the injured worker complained of a painful scar on her right ankle after a surgical procedure for a ruptured tendon. The scar had become more tender and she wanted to have it removed. The objective findings include full range of motion of the lower extremities; normal motor strength of the lower extremities; a hypertrophic scar of the right foot and ankle; moderately tender scar. The treating physician requested a scar revision right foot complex closure. On 01/16/2015, Utilization Review (UR) denied the request for a scar revision right foot complex closure, noting that the medical report made it clear that the revision of the scar was not absolutely clinical necessary and did not carry any degree of guarantee regarding a complete remedy. The Non-MTUS www.ncbt.nlm.nih.gov was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scar revision right foot complex closure right foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ncbi nlm nih gov PMC3958490 Modified Dovetail-Plasty in Scar Revision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Arch Dermatol. 2002 Sep;138(9):1149-55. Treatment response of keloidal and hypertrophic sternotomy scars: comparison among intralesional corticosteroid, 5-fluorouracil, and 585-nm flashlamp-pumped pulsed-dye laser treatments. Manuskiatti W1, Fitzpatrick RE.

Decision rationale: The medical records indicate that this patient has a painful scar after right foot surgery. The records do not indicate that the patient has had adequate conservative measures for the treatment of a painful scar. There is no documentation of scar injection or other conservative measures to include scar massage. More conservative measures are needed.