

Case Number:	CM15-0066638		
Date Assigned:	04/21/2015	Date of Injury:	08/04/2014
Decision Date:	06/04/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/08/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 50-year-old male, who sustained an industrial injury on 08/04/2014. He is status post trauma to the face from a chain saw requiring surgical intervention. The injured worker was diagnosed as having symptomatic left face scar and left oral commissure scar tissue contraction. Treatment to date has included surgical intervention to the left face. In a progress note dated 01/06/2014 the treating physician reports that the injured worker is unable to open his mouth completely and has complaints of pain secondary to the scar on the left face. The treating physician requested lengthening of the left oral commissure and excision of the scar tissue on the left face secondary to symptomatic left face scar and left oral commissure scar tissue contraction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lengthening of the left oral commissure and excision of scar tissue on the left side of the face: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moran ML. Scar revision, Otolaryngol. Clin. North Am. 2001 Aug; 34(4): 767-780, vi.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of microstomia in adult burn patients revisited Claire J. Zweifel, Merlin Guggenheim, Abdul R. Jandali, Mehmet A. Altintas, Walter Künzi and Pietro Giovanoli *Journal of Plastic, Reconstructive & Aesthetic Surgery*, 2010-04-01, Volume 63, Issue 4, Pages e351-e357.

Decision rationale: The patient is a 50-year-old male who suffered chainsaw injury on 8/4/14 to the left face. He is well-documented to have a functional deficit related to a contracted scar of the oral commissure. Multiple physicians have documented his difficulty with opening the mouth, eating, speaking and pain. A recommendation was made for surgical resection of the scar and lengthening. This should be considered medically necessary as it directly addresses a functional deficit and would be considered standard of care. From the reference cited above, 'Patients with microstomia and perioral scarring may suffer from a range of functional and aesthetic limitations.' Although the cause of this injury was not a thermal one, limited oral opening can affect function. This has been well-documented for this patient. The UR stated that a functional deficit was not adequately defined. Based on the medical records provided for this review, this has been adequately addressed and should be considered medically necessary.