

<b>Case Number:</b>	CM15-0068010		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	06/03/2010
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 36 year old female with an industrial injury dated June 3, 2010. The injured worker diagnoses include right shoulder hypertrophic scars, status post arthroscopy x 2. She has been treated with diagnostic studies and periodic follow up visits. According to the progress note dated 3/14/2015, the injured worker reported tender, painful scarring of right superior-lateral scar from arthroscopy procedure. Objective findings revealed tenderness with hypertrophy. The treating physician requested right shoulder scar laser treatment, every two weeks, Qty: 5.00.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder scar laser treatment, every two weeks, Qty: 5.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) online, Low lefel laser wound healing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.UpToDate.com](http://www.UpToDate.com).

**Decision rationale:** This 36 year old female has complained of right shoulder pain since date of injury 6/3/10. She has been treated with surgery, physical therapy and medications. The current request is for right shoulder scar laser treatment, every two weeks, qty 5. There are no evidenced based medical guidelines that support scar laser treatment as requested. On the basis of the available medical documentation and per the guidelines cited above, right shoulder scar laser treatment, every two weeks, qty 5.0 is not medically necessary.