

<b>Case Number:</b>	CM15-0070777		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	04/02/2008
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 46 year old female patient who sustained an industrial injury on 04/02/2008. A primary treating office visit dated 05/05/2015 reported the assessment noting right shoulder pain, right shoulder stiffness, and bilateral carpal tunnel syndrome status post left release and possible wound infection. She is diagnosed with: pain in shoulder joint, stiffness in shoulder joint, carpal tunnel syndrome and pain in joint forearm. Another follow up visit dated 04/07/2015 reported the patient stating, "she feels better", with the left wrist/hand now resolved paresthesia's. She also feels that the discomfort in the area of the scar is lessening. She is pending a response regarding possible physical therapy sessions. She mentions not being ready for the left side to be operated on yet. The plan of care involved continuing with home exercises for left wrist, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Scar Care Kit For Left Wrist Hypertrophic Scar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov/pmc/articles/PMC2922716/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2922716/).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hypertrophic scar Kit <http://www.rejuveness.com/c127/Hypertrophic-Scar-Treatment-c162.html> J Clin Aesthet Dermatol. 2010 May; 3(5): 20-26. Innovative Therapies in the Treatment of Keloids and Hypertrophic Scars Martha H. Viera, MD, Sadegh Amini, MD, Whitney Valins, BS, and Brian Berman, MD, PhDcorresponding author.

**Decision rationale:** MTUS and ODG are silent concerning a hypertrophic scar kit. A J Clin Aesthet Dermatol from May 2010 states: No consensus in treatment regimens has been reached due to the limited evidence-based information found in the literature. It is not clear whether the patient has a keloid or a hypertrophic scar. The medical documentation provided do not indicate what is included in a scar care kit. Additionally, the treating physician has not provided documentation of failed conservative treatment (such as massage). As such, the request for Scar Care Kit For Left Wrist Hypertrophic Scar is not medically necessary.