

Case Number:	CM13-0003871		
Date Assigned:	11/06/2013	Date of Injury:	12/18/1983
Decision Date:	01/15/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57-year-old male who reported a work-related injury on 12/18/1983, mechanism of injury not stated. Subsequently, the patient is being treated for chronic dermatologic issues. The current request is for a V beam laser between 07/15/2013 and 09/13/2013. The clinical notes evidence the patient presented for diagnosis of actinic keratosis. The clinical note dated 07/16/2013 requested cryotherapy treatment with a V-beam laser for the patient's diagnoses of actinic keratosis and rosacea.

IMR ISSUES, DECISIONS AND RATIONALES

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

V Beam Laser treatment between 07/15/13 & 09/13/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Erceg A, de Jong EM, van de Kerkhof PC, Seyger MM. The efficacy of pulsed dye laser treatment for inflammatory skin diseases: A systematic review. J Am Acad Dermatol. 2013 May 24. pii: S0190-9622(13)00310-1. doi: 10.1016/j.jaad.2013.03.029

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shim, Tang Ngee, and Anthony Abdullah. "The Effect of Pulsed dye laser on the Dermatology Life Quality Index in Erythematotelangiectatic Rosacea Patients: An Assessment." The Journal of Clinical and Aesthetic dermatology 6.4 (2013): 30.

Decision rationale: The current request is not supported. The clinical documentation submitted for review evidences a request for the patient to undergo V beam laser, for a second time, for treatment of actinic keratosis. The clinical notes fail to evidence the extent or severity of the patient's rosacea. In addition, the clinical notes lack evidence of efficacy of prior treatment and response to the patient's previous V-beam laser treatments. California MTUS/ACOEM/Official Disability Guidelines do not specifically address the current request. An article in the Journal of Clinical and Aesthetic Dermatology indicates, "Laser treatment has revolutionized the management of erythematotelangiectatic rosacea not amenable to other treatment modalities." Given the lack of documentation of efficacy of prior treatment with V beam laser and lack of documentation of the severity of the patient's current dermatological condition as well as lower levels of treatment, the request for 1 V Beam Laser between 07/15/2013 and 09/13/2013 is not medically necessary or appropriate.