

Case Number:	CM13-0042520		
Date Assigned:	12/27/2013	Date of Injury:	07/11/2007
Decision Date:	02/24/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/18/2013

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 and 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 50 year old male who reported a work-related injury on 07/11/2007. The patient currently presents for treatment of the following diagnoses: neoplasm, uncertain behavior, skin; actinic keratosis; displacement lumbar disc without myelopathy; spinal stenosis lumbar spine without neurogenic claudication; and lumbar sprain/strain. The only clinical notes submitted specifically for the current request are dated from 12/03/2013, under the care of [REDACTED]. The provider documents examination of the patient's skin about the bilateral hand and face, the note is difficult to interpret due to poor photocopy and illegible handwriting. The clinical note documented a request for cryosurgery for 20 lesions about the face and 15 lesions about the body. Biopsy of the patient's neck was noted to have been performed on 12/03/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biopsy with pathology on right collarbone: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation on Habif Clinical Dermatology, 4th ed. Chapter 21- Premalignant Nonmelanoma Skin Tumors.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Perspectives Edited by Dr. Uday Khopkar 02, November, 2011.

Decision rationale: The current request is not supported. The patient's course of treatment and future plan of action were not supported with the clinical notes submitted for this review. Previously, the current request received an adverse determination, as the clinical notes documented changing lesions about the patient's right cheek; however, the request submitted was for a biopsy of the right collarbone. Given the current clinical documentation submitted for review, specifically in reference to the request, the current requested intervention cannot be supported. A journal article entitled Types and Selection Criteria for Various Skin Biopsy Procedures indicates a skin biopsy is a simple procedure that can assist with the diagnosis of cutaneous disorders. Generally, lesions with the most advanced inflammatory changes should be chosen. Evolutionary changes may take several days and too early biopsy may reveal only nonspecific features. Given the lack of specific documentation of objective findings of symptomatology upon physical exam of the patient, the request for biopsy with pathology on right collarbone is not medically necessary or appropriate.