

Case Number:	CM13-0067868		
Date Assigned:	01/03/2014	Date of Injury:	10/12/2011
Decision Date:	06/05/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/18/2013

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. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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/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 injured worker is a 52 year old man with a date of injury of 10/12/11. He was seen by his physician on 11/5/13 to follow up rosacea and folliculitis. His folliculitis has been present and treated since at least 2012 per the records. Prior to the 11/13 visit, he was seen on 4/9/13 when he was treated with a topical cream and augmentin for rosacea and bactroban topical ointment for folliculitis. He was seen again on 7/9/13 and diagnosed with rosacea, dermatitis and resolving folliculitis. He was counseled regarding skin care and that rosacea is a chronic condition. For the 11/13 visit, a detailed exam is not documented though the records indicate that the head, face and upper extremities were examined. His diagnosis was rosacea and the plan was to treat with a topical solution. The second diagnosis was folliculitis of the left anterior proximal upper arm. He was instructed in skin care, soaps and prescribed bactroban ointment. It appears that the lesions return on his arm when he stops the bactroban and benzoyl peroxide washes and a viral and bacterial culture were requested that are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

VIRAL CULTURE FOR FOLLICULITIS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Uptodate: Folliculitis Chapter.

Decision rationale: This injured worker has chronic skin lesions including 'folliculitis' of his upper extremity since at least 2012 which is recurrent but resolves with local skin care, washing and topical antibiotics (bactroban). The physician visit of 11/5/13 does not document a physical exam to show worsening or worrisome lesions. The records do not substantiate the medical necessity for a viral culture at this point in his treatment.

AEROBIC BACTERIAL CULTURE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Uptodate: Folliculitis Chapter.

Decision rationale: This injured worker has chronic skin lesions including 'folliculitis' of his upper extremity since at least 2012 which is recurrent but resolves with local skin care, washing and topical antibiotics (bactroban). The physician visit of 11/5/13 does not document a physical exam to show worsening or worrisome lesions. The records do not substantiate the medical necessity for an aerobic bacterial culture at this point in his treatment.