

Case Number:	CM13-0068983		
Date Assigned:	01/03/2014	Date of Injury:	04/09/1998
Decision Date:	06/02/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 an 80-year-old male who reported an injury on 04/09/1998. The mechanism of injury was not stated. Current diagnosis is neoplasm of uncertain behavior of the skin. The latest Physician's Progress Report submitted for this review is documented on 12/30/2013. The injured worker reported no symptoms or pain. Physical examination revealed a solar keratosis, dyschromia, premature aging, telangiectasia, and solar lentigenes on the face. Treatment recommendations included ongoing use of sunscreen.

IMR ISSUES, DECISIONS AND RATIONALES

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

CRYOSURGERY 20 LESIONS, FACE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS. Other Medical Treatment Guideline or Medical Evidence: www.ncbi.nlm.nih.gov. In Vivo. 2006 Jan-Feb; 20(1):153-6. Cryosurgery for advanced malignant melanoma of the facial skin. A case report. Scala M, Gipponi M, Queirolo P, Mereu P, Solari N, Monteghirfo S, Cafiero F.

Decision rationale: Cryosurgery is safely employed for the treatment of skin precancerous and malignant lesions of the head and neck in selected patients. Cryosurgery is a feasible treatment for a head and neck melanoma, mostly for mucosa melanomas, and cutaneous lesions in anatomically critical sites. As per the documentation submitted, the injured worker has a significant history of actinic Keratosis growth and removal. However, the injured worker does not report any new symptoms or pain. There is no documentation of a skin melanoma or precancerous malignant lesion. The documentation submitted for review is mostly handwritten, based on the clinical information received the medical necessity for the requested procedure has not been established. Therefore, the request is not medically necessary and appropriate.