

<b>Case Number:</b>	CM14-0018663		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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, has a subspecialty in Pain Medicine 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 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:

Patient is an injured worker with chronic hand dermatitis of both hands. Date of injury was 2/13/2013. The mechanism of injury occurred when he was pulling up carpet without wearing gloves. His diagnoses were contact dermatitis, open wounds, pruritus, and atopic dermatitis. Prior treatments included topical treatments and 20 excimer laser treatments. The supplemental dermatology report dated 5/24/14 indicated that patch testing was negative and skin biopsy revealed histopathology consistent with contact dermatitis. The primary treating physician's progress report dated 5/30/14 was handwritten and indicated that the patient had a persistent rash, open wound, and pruritus. Letter dated December 27, 2013 by Dr. Shega documented that the patient is being treated for his chronic hand dermatitis of both hands. He completed eight excimer light treatments on December 24, 2013. He presents with open wounds and swelling with tenderness. Utilization review determination date was 7/3/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL EXCIMER LASER TREATMENTS TO BOTH HANDS, #10: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Dermatology, Committee on Guidelines of Care, Task Force on Psoriasis and Guidelines of Care of Psoriasis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)> Other Medical Treatment Guideline or Medical Evidence: <Insert Other Basis/Criteria> Medical Treatment Utilization Schedule (MTUS) does not address excimer laser. The American Academy of Dermatology (AAD) Guidelines of care for the management of atopic dermatitis Section 3. Management and treatment with phototherapy and systemic agents Journal of the American Academy of Dermatology Volume 71, Issue 2, Pages 327-349, August 2014 <http://www.aad.org/education/clinical-guidelines>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address excimer laser. The American Academy of Dermatology (AAD) guidelines of care for the management of atopic dermatitis (2014) state that excimer lasers are not recommended for the treatment of atopic dermatitis. Various laser modalities including excimer, diode, and pulsed dye lasers, have been tested in patients with atopic dermatitis. Given a very limited number and quality of reports, lasers are not recommended for the treatment of atopic dermatitis. Therefore, the request for Additional Excimer Laser Treatments to both Hands, #10 is not medically necessary.