

<b>Case Number:</b>	CM14-0125211		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	07/02/2014
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 57-year-old individual was reportedly injured on 7/2/2014. The mechanism of injury was noted as mold exposure at work. The most recent progress note, dated 7/17/2014, indicated that there were ongoing complaints of dermatitis. The physical examination demonstrated skin positive for rash and positive for puritus. Total body rash described was red, papular, and scattered areas focused on upper/mid back and upper mid chest. Face and arms had splotchy nares of red and on the posterior neck and scalp also. No diagnostic studies were submitted for review. Previous treatment included temporary off work. A request had been made for industrial hygiene consultation and was not certified in the pre-authorization process on 7/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Industrial Hygiene consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** After review of the medical records provided, the patient's complaints as well as objective clinical findings on physical exam, do not appear to be out of the scope or skill set of the treating physician. Therefore, lacking further or significant documentation necessitating a referral to a specialist, this request is deemed not medically necessary.