

Case Number:	CM14-0157876		
Date Assigned:	10/01/2014	Date of Injury:	01/01/2004
Decision Date:	12/02/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/26/2014

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 Surgery 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:

This 45 year old female was injured 1/1/04. According to the provided medical records, the patient complained of bilateral hand and back pain. The request was for biopsy of pathology in the right hand with various patch tests, KOH staining for fungus, and cultures along with laser treatment of both hands. The base diagnosis here is Reflex Sympathetic Dystrophy of the upper limb. The diagnosis with respect to the hand appears to be atopic dermatitis/contact dermatitis. Since the first review further information was provided that discussed the rationale for these studies. The patient has multiple skin complaints along with upper extremity Reflex Sympathetic Dystrophy with eczematous dermatitis, cellulitis and inflammation. A culture has already reported staph. Various topicals have been recommended. There were open wounds described with fissures, desquamation, open wounds, and cellulitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biopsy with pathology for the right hand skin lesion: Overturned

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 Clinical Dermatology - Habif, Thomas P./ Bonnett, Claire (EDT)/ Lowson, Kirs

Decision rationale: According to the medical records; described were skin lesions with fissures, desquamation, open wounds, and cellulitis. There is not likely a relationship between the reflex sympathetic dystrophy and these skin lesions. Diagnosis, in addition to identification of pathologic organisms is medically indicated. Therefore, the request for biopsy with pathology for the right hand skin lesion is medically necessary and appropriate.

Patch test, 42 patches: Overturned

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 Genex CGT Guideline for allergy testing.

Decision rationale: "There were open wounds described with fissures, desquamation, open wounds, and cellulitis." Any causal organisms as above being tested, as well as determination as to whether this is some sort of contact allergy is medically necessary using the patch tests for diagnostic purposes. Therefore, the requested Patch test, 42 patches are medically necessary and appropriate.

KOH and bacterial cultures: Overturned

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 Clinical Dermatology - Habif, Thomas P./ Bonnett, Claire (EDT)/ Lowson, Kirs Genex CGT Guidelines for skin and soft tissue wounds

Decision rationale: "There were open wounds described with fissures, desquamation, open wounds, and cellulitis." Any causal organism as above being tested for is necessary using the KOH for micro and cultures is medically necessary for diagnostic purposes.

Excimer laser treatments bilateral hands: 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 Aetna clinical policy Bulletin for select skin conditions; Laser treatment and Clinical Dermatology - Habif, Thomas P./ Bonnett, Claire (EDT)/ Lowson, Kirs

Decision rationale: "There were chronic open wounds described with fissures, desquamation, open wounds, and cellulitis." However, the cause of the skin lesions is being worked up. Laser

treatment at this point would likely be inappropriate, possibly premature, and not indicated. Therefore, the request for Excimer laser treatments bilateral hands is not medically necessary and appropriate.