

<b>Case Number:</b>	CM14-0033437		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/01/2007
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Internal Medicine and is licensed to practice in Pennsylvania. 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 63 year old male injured worker with a date of injury of 02/01/2014. The submitted and reviewed documentation did not identify the mechanism of injury. Orthopedic office visit notes by [REDACTED] dated 01/15/2014 and 03/13/2014, a medicine office visit note by [REDACTED] dated 01/16/2014, and a dermatology office visit note by an unknown provider (signature illegible) dated 01/23/2014 indicated the worker was experiencing right knee painful swelling and rough areas on the skin of the nose and shoulders. Documented examinations described papules on the forehead and nose and several soft nodules on the back and limbs, right knee swelling and decreased knee joint motion with limping, and numbness involving the right leg. Some of the documentation recorded by the unknown dermatology provider on 01/23/2014 was illegible. The submitted and reviewed documentation concluded the worker was suffering from seborrheic keratoses, actinic keratosis, lipoma, verruca, a torn right knee ligament, a right subluxed kneecap, high blood pressure, and blocked heart arteries. Treatments have included knee surgeries, injected medications into the right knee, and medications. Five of the worker's skin lesions were treated with liquid nitrogen on 01/23/2014. The worker was advised to follow up with dermatology in six months or sooner if new skin problems arose. A Utilization Review decision by [REDACTED] was rendered on 03/05/2014 recommending non-certification for six follow up visits with dermatology, six shave biopsies, and six treatments with liquid nitrogen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six follow up visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldstein BG, et al. Overview of benign lesions of the skin. Topic 5573, version 24.0. UpToDate, accessed 08/06/2014, Padilla RS, et al. Epidemiology, natural history, and diagnosis of actinic keratosis. Topic 13712, version 8.0.0. UpToDate, accessed 08/06/2014, Jorizzo J, et al. Treatment of actinic keratosis. Topic 5336, version 18.0.0. UpToDate, accessed 08/06/2014, Goldstein BG, et al. Cutaneous warts. Topic 4029, version 16.0.0. UpToDate, accessed 08/06/2014.

**Decision rationale:** A dermatology visit note dated 01/23/2014 indicated the worker had a history of skin cancer that was not melanoma, but no additional details were provided. The examination described several non-cancerous skin lesions involving the worker's forehead, nose, back, and limbs. Some of the documentation recorded by the unknown dermatology provider on 01/23/2014 was illegible. Several of the skin lesions were treated with liquid nitrogen, and the provider recommended follow up consultation in six months. No other dermatology assessments were submitted for review. There was no discussion of a need for more frequent follow up in the recent past or an anticipated need for more frequent follow up in the near future. In the absence of such evidence, the current request for six follow up visits is not medically necessary.

**Shave Biopsy x6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shave and Punch Biopsy for Skin Lesions Heather Pickett, DO, Nellis Air Force Base Family Medicine Residency, Mike O'Callaghan Federal Hospital, Nellis Air Force Base, Nevada Am Fam Physician, 2011 Nov 1;84(9):995-1002.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldstein BG, et al. Overview of benign lesions of the skin. Topic 5573, version 24.0. UpToDate, accessed 08/06/2014, Padilla RS, et al. Epidemiology, natural history, and diagnosis of actinic keratosis. Topic 13712, version 8.0.0. UpToDate, accessed 08/06/2014, Jorizzo J, et al. Treatment of actinic keratosis. Topic 5336, version 18.0.0. UpToDate, accessed 08/06/2014, Goldstein BG, et al. Cutaneous warts. Topic 4029, version 16.0.0. UpToDate, accessed 08/06/2014.

**Decision rationale:** A biopsy may be needed if the diagnosis is uncertain, unexpected changes or symptoms occur, or there are concerning findings. A dermatology visit note dated 01/23/2014 indicated the worker had a history of skin cancer that was not melanoma, but no additional details were provided. The examination described several non-cancerous skin lesions involving the worker's forehead, nose, back, and limbs. Some of the documentation recorded by the unknown dermatology provider on 01/23/2014 was illegible. Several of the skin lesions were treated with liquid nitrogen. There was no discussion of a recent, current, or anticipated future

need for biopsy. In the absence of such evidence, the current request for six shave biopsies is not medically necessary.

**Six Liquid Nitrogen Treatment:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Habif: Clinical Dermatology, 4th ed. Chapter 21- Premalignant and Malignant Nonmelanoma Skin Tumors.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldstein BG, et al. Dermatologic procedures. Topic 5562, version 10.0. UpToDate, accessed 08/06/2014, Goldstein BG, et al. Overview of benign lesions of the skin. Topic 5573, version 24.0. UpToDate, accessed 08/06/2014, Jorizzo J, et al. Treatment of actinic keratosis. Topic 5336, version 18.0.0. UpToDate, accessed 08/06/2014, and Goldstein BG, et al. Cutaneous warts. Topic 4029, version 16.0.0. UpToDate, accessed 08/06/2014.

**Decision rationale:** Non-cancerous and pre-cancerous lesions are often treated by freezing them using liquid nitrogen. A dermatology visit note dated 01/23/2014 described several non-cancerous skin lesions involving the worker's forehead, nose, back, and limbs. Some of the documentation recorded by the unknown dermatology provider on 01/23/2014 was illegible. Five of these lesions were treated with liquid nitrogen and included both non- and pre-cancerous lesions. The submitted and reviewed documentation reported the worker had a history of skin cancer that was not melanoma. Delays in treating pre-cancerous skin lesions can result in serious consequences. For these reasons, the current request for six liquid nitrogen treatments is medically necessary.