

<b>Case Number:</b>	CM14-0089420		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/02/2006
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Internal 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:

The patient is a 62 year old male who was injured on 01/02/2006. The mechanism of injury is unknown. Prior medication history included Keflex and Bactroban. The patient underwent a biopsy on left forearm on 01/24/2014. Visit note dated 11/26/2013 indicates the patient presented for follow up for neoplasm of uncertain behavior on the right jawline as well as left pre-auricular. He had a biopsy on 10/31/2013 which indicated basal cell carcinoma; nodular type. New patient consult dated 01/24/2014 documented the patient to have presented for face skin consult. It is noted that an exam was performed on head, conjunctivae and lids, neck, chest, abdomen, left upper extremity, hands, right hand, left hand and inspection and palpation of digits and nails, he was recommended for biopsy. There are no other progress notes for review. Prior utilization review dated 05/29/2014 states the request for Biopsy of parts of face is not certified as there is a lack of evidence to support the request. Follow-up visit times 1 is partially certified for one visit as medical necessity has been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biopsy of parts of 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 ed.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Reliability of Skin Biopsies in Determining Accurate Tumor Margins: A Retrospective Study After Mohs Micrographic Surgery. Koslosky CL1, El Tal AK, Workman B, Tamim H, Durance MC, Mehregan DA. Dermatol Surg. 2014 Aug 4.

**Decision rationale:** Clinical Dermatology recommends biopsy of any suspected lesion or referral to a clinical specialist if a concerning lesion is found. The clinical documents did not clarify the site or indication for biopsy some of the documents were handwritten and illegible. The subjective history and objective findings of the lesion were not clear from the documents provided. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**Follow-up visit times 1:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Pain Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 - Independent Medical Examinations and Consultations, page 503 Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Office Visits.

**Decision rationale:** The ODG recommends ongoing outpatient visits and medical treatment for patients with chronic illnesses. The patient has a history of basal cell carcinoma and although he is healing well from the procedure, he should continue to have follow-up visits as deemed necessary by the provider for monitoring. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.