

Case Number:	CM13-0026291		
Date Assigned:	03/14/2014	Date of Injury:	06/28/2001
Decision Date:	01/26/2015	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/19/2013

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 Rehab 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:

According to the clinical documentation submitted the injured worker is a 60 year old male with a reported injury date of 06/28/01. The UR decision dated 8/28/13 refers to a progress report dated 8/5/13, which was not provided for review. The patient had a diagnosis of sun damage to the skin, actinic keratosis, and noted documentation of skin cancer. According to a progress report dated 9/16/13, the patient still had significant limitations from orthopedic surgeries (left knee and left hip surgeries). Diagnostic impression: chest pain, PAF (paroxysmal atrial fibrillation, arrhythmia, low back pain, pacemaker (7/19/2012), status post coronary artery stent placement(CX) 11/2012, bilateral hip arthroscopy 08/2012, left knee arthroscopy 02/14/13, arrhythmia, sick sinus syndrome, bilateral knee osteoarthritis, and paroxysmal atrial fibrillation. Treatments have consisted of medications and diagnostic laboratory testing. On 08/28/13 utilization review non-certified the request for the sun protective clothing for full spectrum sun screen. The reviewing physician cited - Standards of Care Internal Medicine : There was no medical literature data to support this as medically necessary therapy. Therefore the sun protective clothing for full spectrum sun screen is recommended for non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sun Protective Clothing For Full Spectrum Sun Screen: 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 Other Medical Treatment Guideline or Medical Evidence: Skin Cancer Foundation - Clothing (<http://www.skincancer.org/prevention/sun-protection/clothing>).

Decision rationale: CA MTUS and ODG do not address this issue. According to an online search, clothing is the first line of defense against the sun's harmful ultraviolet (UV) rays and protects by absorbing or blocking much of this radiation. The more skin that is covered, the better. However, in the present case, there is no documentation establishing the medical necessity of this request for this specific patient. In addition, the most recent medical records provided for review are from 9/16/13. A specific rationale identifying why sun protective clothing is indicated in this case despite lack of guideline support was not provided. Therefore, the request for Sun Protective Clothing For Full Spectrum Sun Screen is not medically necessary.