

Case Number:	CM14-0189103		
Date Assigned:	11/20/2014	Date of Injury:	10/23/2008
Decision Date:	01/09/2015	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	11/12/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for shoulder surgery and contact dermatitis reportedly associated with an industrial injury of October 25, 2008. In a Utilization Review Report dated October 18, 2014, the claims administrator partially approved a request for 200 patch testings as 35 patch testings. It was stated that the applicant had developed issues with a rash, pruritus, and itching following shoulder surgery. Lidex cream and patch testing were endorsed on October 8, 2014, it was suggested. The claims administrator stated that it was partially approving a request on the grounds that the allegations of patch dermatitis were not necessarily compensable. The applicant's attorney subsequently appealed. In a progress note dated May 21, 2014, the applicant reported ongoing complaints of shoulder pain status post earlier shoulder surgery on June 25, 2013. The applicant developed issues with right shoulder adhesive capsulitis. Healed scarring was appreciated about the same. The applicant's work status was not furnished. The remainder of the file was surveyed, including the claims administrator's medical index log. The October 6, 2014 and October 8, 2014 reports on which the patch testing in question was sought were conspicuously absent from the medical index and were not, thus, incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

200 patch testings: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bourke J, Coulson I, English J, British Association of Dermatologists Therapy Guidelines and Audit Subcommittee. Guidelines for the management of contact dermatitis: an update. Br J Dermatol. 2009 May;160(5):946-54. [64 references]

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 28. Decision based on Non-MTUS Citation American Academy of Dermatology (AAD) Allergic Contact Dermatitis Guidelines, September 26, 2014

Decision rationale: While the MTUS does not specifically address the topic of patch testing, the MTUS Guideline in ACOEM Chapter 2, page 28 does acknowledge that a clinician should inquire about the frequency and types of illnesses, including those illnesses which are not considered traditional occupational ailments, including allergic disorders, as was/is seemingly suspected here. The American Academy of Dermatology (AAD) while acknowledging that patch testing should be done to positively diagnose allergic contact dermatitis (ACD) notes that patch testing is an option for applicants with persistent atopic dermatitis that is unresponsive to standard therapy or in individuals who have affected areas unusual for atopic dermatitis. In this case, however, the claims administrator's description of events on October 8, 2014 suggested that the applicant had been given Lidex cream on that date. There was, thus, no evidence on file to support the proposition that the applicant in fact had issues with persistent atopic dermatitis which had proven unresponsive to standard therapies, although it is acknowledged that the October 6 and October 8, 2014 progress notes on which the article in question was sought were seemingly not incorporated into the Independent Medical Review packet. The historical information on file, however, did not outline a history of previous issues with allergic contact dermatitis. The claims administrator's description of events in its October 18, 2014 Utilization Review report suggested that the applicant had yet to try and/or fail standard treatment(s) for contact dermatitis, including Lidex cream. There was no mention of the suspected allergen in any of the documentations provided for review. A thorough occupational history and/or history of previous exposures and/or allergic reactions was not set forth in any of the provided documentation, contrary to what is suggested in ACOEM Chapter 2, page 28. Therefore, the request was not medically necessary.