

Case Number:	CM14-0209882		
Date Assigned:	12/22/2014	Date of Injury:	09/26/2013
Decision Date:	02/13/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/15/2014

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 injured worker (IW) is a 53-year-old man with a date of injury of September 26, 2013. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are primary malignant neoplasm of skin of face; screening for malignant neoplasms of the skin; hypertension, sensorineural hearing loss; and tinnitus. According to a progress note by the treating Otolaryngologist dated June 23, 2014, the IW presented for re-consultation regarding the hearing and tinnitus, which the IW reports is getting worse. The IW is having constant ringing in the ears. The provider reports the IW would benefit from bilateral amplifications. The provider indicates future medical care would further require that the be supplied with the wherewithal to purchase and care for hearing aids, including the anticipated cost of batteries, repairs, losses, and replacement aids every 4 to 5 years as they become outmoded. The provider reports that the IW should receive medical care for his hearing losses for the balance of his lifetime. The current request is for follow-ups every 6 months, lifetime care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-ups every 6 months, lifetime care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Head (updated 8/11/14) Office visits

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: Diagnosis and Treatment of Basal Cell and Squamous Cell Carcinoma, Jonathon M. Firnhaber, MD, East Carolina University, Brody School of Medicine, Greenville, North Carolina, Am Fam Physician. 2012 Jul 15; 86 (2):161-168

Decision rationale: Pursuant to the [REDACTED], follow-up visits every six months, lifetime care are not medically necessary. In patients with squamous cell carcinoma up to 95% of metastases and local recurrence is architected within five years of initial treatment, with 70 to 90% occurring within the first two years. Follow-up for five years after treatment of squamous cell carcinoma is prudent. In this case, the injured worker's working diagnoses are primary malignant neoplasm of skin of face; screening for malignant neoplasms of the skin; hypertension, sensorineural hearing loss; and tinnitus. Lifetime follow-up is excessive for squamous cell carcinoma skin. In patients with squamous cell carcinoma of the 95% of metastases and local recurrences occur within five years of initial treatment with 7090% occurring within the first two years. Consequently, follow-up every six months for five years is clinically indicated. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, follow-up visits every six months, lifetime care are not medically necessary.