

<b>Case Number:</b>	CM15-0001812		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	05/31/2001
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old male, who sustained an industrial injury on 5-31-2001. The mechanism of injury was sun exposure. The injured worker was diagnosed as having actinic keratosis with a history of skin cancer. There is no record of a recent diagnostic study. Treatment to date has included cryosurgery and medication management. In a progress note dated 5-7- 2014, the injured worker complains of multiple scaly lesions. Physical examination showed actinic keratosis. The treating physician is requesting photodynamic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Photodynamic Therapy:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pulmonary Procedure Summary photodynamic therapy (PDT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pulmonary Chapter, under Photodynamic therapy (PDT) states: Recommended as indicated. For patients with early superficial squamous cell carcinoma who are not surgical candidates, photodynamic therapy (PDT) should be considered as a treatment option (Kennedy, 2007).

**Decision rationale:** The current request is for Photodynamic therapy. The RFA is dated 12/04/14. Treatment to date has included cryosurgery, PDT with VBeam laser, phototherapy and medication management. The patient's work status is not addressed. This patient presents with history of basal cell and squamous carcinoma from sun exposure. The patient underwent cryosurgery on 05/07/14. The procedure report indicates that the patient's forehead was treated with liquid nitrogen. Per report 05/07/15, the patient has multiple scaly lesions. Physical examination showed actinic keratosis. The treating physician states that the patient continues to develop AK lesions and is requesting photodynamic therapy. Review of the medical file indicates that the patient has tried other treatments including cryosurgery with liquid nitrogen and medications for the treatment of these lesions, and continues to be symptomatic. In this case, the patient has a history of basal cell and squamous carcinoma from chronic sun exposure and ODG recommends photodynamic therapy for squamous cell carcinoma for patients that are not surgical candidates. The requested Photodynamic therapy has been prescribed in accordance to ODG. This request IS medically necessary.