

Case Number:	CM15-0007985		
Date Assigned:	01/26/2015	Date of Injury:	07/01/2002
Decision Date:	04/15/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/14/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 66 year old male, who sustained an industrial injury on July 1, 2002. He has reported sun induced lesions. The diagnoses have included actinic keratosis. Treatment to date has included destruction of lesions. Currently, the IW complains of scaly keratosis. The current physical findings reveal multiple keratosis lesions all over the body from the head to both legs. On December 22, 2014, Utilization Review non-certified destruction of precancerous lesions, and photodynamic therapy, based on ODG guidelines. On December 31, 2014, the injured worker submitted an application for IMR for review of destruction of precancerous lesions, and photodynamic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Destruction of pre cancerous lesions: 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. Chapter 21 - Premalignant and Malignant Nonmelanoma Skin Tumors.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date- medical guidelines, keratosis.

Decision rationale: The ACOEM, California MTUS and ODG do not specifically address the requested service. Per the up-to date clinical guidelines concerning actinic keratosis, cryotherapy an acceptable treatment option in the destruction of these lesions. The lesions are described as scaly lesions which could also be seborrheic keratosis which do not require cryotherapy. Without biopsy proven actinic keratosis and specifics of which lesions would be treated, the request cannot be certified.

Photodynamic Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Photodynamic Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, photodynamic therapy.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.