

<b>Case Number:</b>	CM15-0136704		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	09/29/2013
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: California

Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60 year old man sustained an industrial injury on 9/29/2003. The mechanism of injury is not detailed. Diagnoses include skin malignancy, neoplasm of undetermined nature, and actinic keratosis. Treatment has included oral medications. Physician notes from dermatology dated 2/25/2015 show complaints of spots on scalp and right leg that are growing. The worker is noted to have a history of a history of basal cell carcinoma and squamous cell carcinoma both treated with shave and excisional biopsies. Recommendations include shave biopsy to the left posterior crown, electrodesiccation to the anterior scalp, and shave biopsy to the right pre-auricular area. All of these procedures were performed during this visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intense Pulsed Light (IPL) x 6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin #0050, last updated 4/15/2014 <http://www.ncbi.nlm.nih.gov/pubmed/24931642>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://www.facialplasticsurgery.net/intense\\_pulsed\\_light.htm](http://www.facialplasticsurgery.net/intense_pulsed_light.htm).

**Decision rationale:** The requested Intense Pulsed Light (IPL) x 6 is not medically necessary. CA MTUS and ODG are silent on this issue.  
[http://www.facialplasticsurgery.net/intense\\_pulsed\\_light.htm](http://www.facialplasticsurgery.net/intense_pulsed_light.htm) noted that this therapy is indicated for various dermatologic vascular conditions. The injured worker has spots on scalp and right leg that are growing. The worker is noted to have a history of a history of basal cell carcinoma and squamous cell carcinoma both treated with shave and excisional biopsies. The treating physician has not documented the presence of vascular dermatologic lesions. The criteria noted above not having been met, Intense Pulsed Light (IPL) x 6 is not medically necessary.