

Case Number:	CM15-0044468		
Date Assigned:	03/16/2015	Date of Injury:	03/14/1971
Decision Date:	04/17/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/09/2015

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: Pennsylvania
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 67 year old male, who sustained an industrial injury on 03/14/1971. On provider visit dated 02/11/2015 the injured worker presented for a dermatology visit and had an excision of malignant lesion on right upper back performed. The diagnoses have included actinic keratosis, psoriasis, rosacea and squamous cell carcinoma. Treatment to date has included post-operative medication, educational material and wound care instructions.

IMR ISSUES, DECISIONS AND RATIONALES

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

skin biopsy/destruction actinic keratoses/pathology interpretation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Alberta Provincial Cutaneous Tumour Team. Biopsy of a suspicious pigmented lesion. Cancercontrol Alberta Feb 2013 7p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Actinic Keratosis: When to Biopsy.

Decision rationale: According to UpToDate, hyperkeratotic/hypertrophic lesions such as actinic keratosis should be biopsied to exclude or confirm the presence of invasive Squamous Cell

Carcinoma when 1) the lesion appears indurated, 2) the lesion is painful, ulcerated, or bleeding 3) the lesion failed to resolve after standard therapies or recurred rapidly. There should be a low threshold for considering the possibility of squamous cell carcinoma in immunocompromised patients. This worker is on Enbrel and should be considered immunocompromised. While biopsy of actinic keratosis lesions may be medically necessary it cannot be assumed that every lesion of actinic keratosis in this worker will meet the criteria above and require biopsy, therefore prospective determination that biopsy is medically necessary is not possible.