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| Case Number: | CM15-0012016 | | |
| Date Assigned: | 01/29/2015 | Date of Injury: | 11/08/2003 |
| Decision Date: | 03/24/2015 | UR Denial Date: | 12/22/2014 |
| Priority: | Standard | Application Received: | 01/21/2015 |

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 62 year old male, who sustained an industrial injury on 11/18/2003. The diagnoses have included history of malignant melanoma, bilateral carpal tunnel release, and torn meniscus repair. Treatments to date have included wide excision of malignant melanoma to the back and interferon therapy. Diagnostics to date have included normal chest/abdomen/pelvis CT in December 2013. In a progress note dated 12/03/2014, the injured worker presented for a dermatologic follow up. The treating physician reported no evidence of significant lymphadenopathy to the head, neck, groin, or axilla area. Utilization Review determination on 12/22/2014 non-certified the request for CT Scan every year x 5 years citing Non-Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan, once annually for five years: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cigna.com/healthinfo/hw233596.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation cigna.com, guidelines regarding CT scans

Decision rationale: The patient presents for a dermatologic follow up. The request is for CT scan annually for five years. The RFA provided is dated 12/16/14. The patient's diagnosis on 12/02/14 included stage III malignant melanoma, bilateral carpal tunnel release, and torn meniscus repair. The patient's work status is unknown. UR letter dated 12/22/14 has referenced guidelines from cigna.com regarding CT scans: "for people with cancer, a CT scan can help determine how much the cancer has spread..."In this case, it appears that the provider is requesting CT scans as part of a follow up plan on the patient's malignant melanoma condition; however, the body parts for which the CT scans are being requested for are unspecified. The patient does present with melanoma, a potentially aggressive cancer. Although the patient has had negative CT of chest, abdomen and pelvis from December 2013, repeat CT scan of these body parts once every 5 years are medically reasonable given the patient's melanoma. The request is medically necessary.