

Case Number:	CM15-0112403		
Date Assigned:	06/18/2015	Date of Injury:	01/31/2014
Decision Date:	07/27/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/10/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 52 year old male, who sustained an industrial injury on 1/31/2014. He reported washing cars outdoors in a hot environment. The injured worker was diagnosed as having eczema and contact dermatitis. Treatment to date has included steroid creams, oral steroids, and antibiotics. Currently (5/05/2015), the injured worker complains of "burn" on his hands and forearms, since the end of 12/2014, following the continual use of chlorine strong tablets at work. A skin history of psoriasis "all my life" was reported. He reported that he did not use gloves since "they don't work anyway." Previous treatment was noted to help but not fully clear his condition. His psoriasis has been under control and previously did not involve his hands. There was no history of allergy to contactants in the past. Physical exam noted psoriasis to his elbows, knees, forearms, thighs, and legs. Actinic keratosis (AK) was noted to his face, ears, hands, and forearms. His medications included Bupropion, Ibuprofen, Vevothyroxine, Lorazepam, Motrin, and Wellbutrin. Allergy to Ampicillin was noted. His work status was total temporary disability. The treatment plan included skin patch testing x 187.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skin patch testing times 187: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.UpToDate.com.

Decision rationale: This 52 year old male has complained of skin rash since date of injury 1/31/14. He has been treated with medications. He has been diagnosed with psoriasis. The current request is for skin patch testing times 187. The available medical records do not contain documentation of a diagnosis of contact dermatitis or laboratory data to support this diagnosis. Skin patch testing would be indicated with such a diagnosis, however the literature does not support such testing for psoriasis. On the basis of the available medical records and per the guidelines cited above, skin patch testing times 187 is not medically necessary.