

Case Number:	CM15-0128225		
Date Assigned:	07/15/2015	Date of Injury:	12/14/2004
Decision Date:	08/11/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/03/2015

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: Preventive Medicine, Occupational 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:

The injured worker is a 71 year old male, who sustained an industrial injury on 12/14/04. The injured worker has been provided with psychological evaluation and treatment. The documentation noted it was stated in the prior comprehensive psychological report from that due to the physical pain and disability involving primarily the swollen and cracked palms of the hands as a result of prolonged exposure to toxic, caustic chemical resulting in chipping, cracking, bleeding and pain. The documentation noted that due to the stress-intensified medical symptoms including the neck and shoulder muscle tension/pain and possible stress complaints. The diagnoses have included major depressive affective disorder, single episode, unspecified. Treatment to date has included psychotherapy sessions; ambien; risperdal and bupropion. The request was for skin biopsies, destruction actinic keratoses, pathology interpretation, bilateral hands. The only dermatological visits on 7/8/13 and 7/9/14 within the submitted medical records are difficult to decipher. No updated narratives accompany the procedure requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skin biopsies, destruction actinic keratoses, pathology interpretation, Bilateral Hands:

Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 22-25.

Decision rationale: MTUS Guidelines recommend specific standards of medical evaluation and documentation be followed to justify diagnostic and treatment plans. These standards are not met in association with this request. The request may be reasonable medically, but there is no means to ascertain this in the records provided. At this point in time the request for Skin biopsies, destruction actinic keratoses, pathology interpretation, Bilateral Hands is not supported by Guidelines and is not medically necessary. Updated documentation of adequate quality could have future impact on this conclusion.