

Case Number:	CM13-0026651		
Date Assigned:	11/22/2013	Date of Injury:	07/06/2012
Decision Date:	06/16/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/19/2013

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. The expert reviewer is Board Certified in Plastic Surgery, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57 year old female who reported an injury regarding her lower extremities on 12/03/82. The clinical note dated 05/14/13 indicates the patient had stepped into a hole while dealing with a fire. A previous Doppler completed on an unnamed date revealed the development of a right subclavian deep vein thrombosis in 2007. The patient underwent an endovascular removal of the clot and has been on Coumadin since. The note indicates the patient having no history of lower extremity DVTs. The patient did have complaints of right lower extremity swelling. Upon exam, the patient had prominent varicosities in the right lower extremity. Stasis changes and hemosiderin pigmentation was identified in both legs, right greater than left. 1+ edema was also identified at the right leg. The right calf circumference was measured at 40cm whereas the left calf circumference was measured at 37cm. The clinical note dated 07/01/13 indicates the patient having complaints of low back pain. The patient stated the pain was aggravated with nearly all activities. Upon exam, tenderness was identified from the mid to the distal lumbar segments. Pain was also elicited with terminal motions. Dysesthesia was identified in the L5 and S1 dermatomes. A biopsy of the area at the left mid outer forearm dated 07/26/13 confirmed squamous cell carcinoma with hyperkeratosis, parakeratosis and epidermal acanthosis. Atypical keratinocytes have also been identified as invading the dermous. The clinical note dated 08/01/13 indicates the patient having been diagnosed with squamous cell cancer on the left mid outer forearm. The patient was recommended for a dermatological procedure to address the area. The clinical note dated 09/12/13 indicates the patient presenting with non-compensated symptomatic chronic venous insufficiency, varicose veins, and stasis dermatitis. The note indicates that 4 veins have been identified as requiring treatment to include the left and right greater saphenous veins, the right short saphenous vein, and the perforator vein in the right calf. The procedural note dated 10/02/13 indicates the patient undergoing a treatment

at the left forearm. The treatment involved an incision into the adipose tissue. A flap was then completed in the adipose and dermal planes. The patient underwent a CO2 fractionated laser resurfacing of the wound edges.

IMR ISSUES, DECISIONS AND RATIONALES

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

CO2 LASER FOR WOUND EDGE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fitzpatrick's Dermatology in General Medicine, 8th Edition, Copyright 2012; Dermatology (Bologna), 3rd Edition, Copyright 2012; Andrews' Diseases of the Skin, 11th Edition, Copyright 2011; Rook's Textbook of Dermatology, 8th Edition, Copyright 2010; Treatment of Skin Disease (Lebwohl), 3rd Edition, Copyright 2010.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1.) David M. Ozog, MD; Ronald L. Moy, MD. A Randomized Split-Scar Study of Intraoperative Treatment of Surgical Wound Edges to Minimize Scarring. Arch Dermatol. 2011;147(9):1108-1110. doi:10.1001/archdermatol.2011.248. 2.) Weiss ET, Chapas A, Brightman L, et al. Successful treatment of atrophic postoperative and traumatic scarring with carbon dioxide ablative fractional resurfacing: quantitative volumetric scar improvement. Arch Dermatol. 2010;146(2):133-140.

Decision rationale: The documentation indicates the patient presenting with a wound at the left forearm. No information was submitted regarding the patient's significant functional deficits associated with the numerous wounds. Current studies have revealed the proposed treatment to be experimental and investigational. Additionally, it appears the proposed treatment is cosmetic in nature. Given that no information was submitted regarding the patient's significant functional deficits and taking into account the experimental/investigational nature of the proposed treatment, this request is not indicated. The CO2 Laser for Wound Edge is not medically necessary and appropriate.