

<b>Case Number:</b>	CM13-0038243		
<b>Date Assigned:</b>	05/21/2014	<b>Date of Injury:</b>	04/12/2002
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Dermatology 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 56 year old male who was injured on 04/12/2002 and is diagnosed with actinic keratosis, squamous cell carcinoma & neoplasm of undetermined behavior on April 12, 2002. Prior treatment history included topical & oral antibiotics, sunscreen, and cryotherapy over his face, ears and upper extremities, skin repair by adjacent tissue repair on August 4, 2013 and MOHS on December 11, 2013. Progress report dated October 1, 2013 documented the patient diagnoses of actinic keratosis, squamous cell carcinoma & neoplasm of undetermined behavior. It also documented that a skin biopsy was taken and patient was recommended to come back for follow-up in 3 months. Prior Utilization Review dated October 16, 2013 denied the request for 2 sessions of MOHS surgery, the decision was based on the review of a pathology report dated October 1, 2013 and a Dermatology progress report dated March 13, 2013, both of which were not submitted to us for reviewing. Their rationale for the decision was that there is no evidence of metastasis indicating that MOHS procedure is not necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 SESSIONS OF MOHS (MICROSCOPICALLY CONTROLLED CHEMOSURGERY), SKIN REPAIR OF DEFECTS/CO 2 FRACTIONATED LASER WOUND RESURFACING X2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Mohs

Micrographic Surgery PubMed.gov US National Public Library of Medicine, National Institutes of Health (updated 02/26/2012): Fractionated laser Apollo Managed Care

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [http://practicaldermatology.com/pdfs/PD0610\\_residents.pdf](http://practicaldermatology.com/pdfs/PD0610_residents.pdf)

**Decision rationale:** MOHS micrographic surgery is indicated for non-melanoma skin cancers that follow certain guidelines. In this case, there were no pathology reports to analyze to see if MOHS micrographic surgery was indicated. Furthermore, the request for closures is not medically necessary as well since MOHS is not medically necessary. Lastly, CO2 laser fractioning is a cosmetic procedure and not covered by insurance. Therefore, the request is deemed not medically necessary.