

Case Number:	CM13-0041933		
Date Assigned:	12/20/2013	Date of Injury:	02/01/2007
Decision Date:	02/20/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Dermatology and is licensed to practice in New York. 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 physician 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:

This patient, who according to the Dermatologist has a history of multiple skin cancers, had Mohs surgery for a biopsied 6mm squamous cell carcinoma in situ on the right temple at the hairline. The surgeon performing the treatment argues that because the biopsy was transected, there may have been invasive squamous cell carcinoma at the base. The patient underwent a repair of the defect and then had fractionated CO2 laser of the wound edges after the Mohs surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mohs Surgery: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AAD/ACMS/ASDSA/ASMS 2012, Treatment of Skin Disease (Lebwohl), Rook's Textbook of Dermatology, Andrews' Diseases of the Skin, Dermatology (Bologna) Fitzpatrick's Dermatology in General Medicine and California Medical Treatment Utilization Schedule.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AAD/ACMS/ASDSA/ASMS 2012 appropriate use criteria for Mohs micrographic surgery: A report of the American Academy of Dermatology,

American College of Mohs Surgery, American Society for Dermatologic Surgery Association, and the American Society for Mohs Surgery, p

Decision rationale: In this case if we reference the guidelines set forth by the AAD task force on appropriate use of Mohs surgery, we see that a squamous cell carcinoma on the "H" or "M" zone of the face is considered appropriate use. The physician in this case makes the case that because the initial biopsy was transected, the patient could have frank invasive squamous cell carcinoma and at 6mm this would be appropriately treated with Mohs surgery because it is within the H and M zones of the face. The guidelines do not specifically address the need for Mohs surgery.

skin repair of defect: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AAD/ACMS/ASDSA/ASMS 2012, Treatment of Skin Disease (Lebwohl), Rook's Textbook of Dermatology, Andrews' Diseases of the Skin, Dermatology (Bologna) Fitzpatrick's Dermatology in General Medicine and California Medical Treatment Utilization Schedule.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Apollo Managed Care: Cosmetic surgery and Reconstructive surgery

Decision rationale: This patient underwent Mohs surgery to remove a skin cancer from their face/temple/hairline area. There is a defect created to remove the tumor and this defect requires reconstruction in order to close the skin. This surgery is considered reconstructive and in accordance with the health plans definitions of covered care.

carbon dioxide fractionated resurfacing of wounded edges: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AAD/ACMS/ASDSA/ASMS 2012, Treatment of Skin Disease (Lebwohl), Rook's Textbook of Dermatology, Andrews' Diseases of the Skin, Dermatology (Bologna) Fitzpatrick's Dermatology in General Medicine and California Medical Treatment Utilization Schedule.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Nonablative fractional laser resurfacing for the treatment of scars and grafts after Mohs micrographic surgery: a randomized controlled trial.<http://www.ncbi.nlm.nih.gov/pubmed/22757665> Verhaeghe E, Ongenaes K, Dierckxsens L, Bostoen J, Lambert J. Current status

Decision rationale: Fractionated CO2 laser surgery is a new and evolving technology that is being used in some scar revision, cosmetic rhytid treatment and post burn to improve cosmesis as well as function. It is not traditionally used post Mohs surgery. There are no published guidelines to support the use of this technology in this patients care as this is not standard of care and has not been published. There is some evidence that fractionated lasers post surgery can

make a scar look better or improve functional deficit but in this case there is no documented functional deficit and therefore no reason to employ this laser technique other than for cosmesis or to increase revenues for the provider.