

Case Number:	CM13-0067100		
Date Assigned:	01/03/2014	Date of Injury:	12/08/2000
Decision Date:	06/11/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/17/2013

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 65-year-old male who sustained an industrial injury on 12/08/2000. He initially presented with actinic keratosis as well as dyschromia and solar elastosis. The clinical note dated 01/14/13 indicates the patient's symptoms showing some improvement. The note indicates the patient utilizing topical antibiotics as well as cryosurgery. The clinical note dated 04/16/13 indicates the patient continuing with symptoms in the face, ears, and upper extremities. The patient was responding appropriately to the use of topical antibiotics as well as sunscreen and cryosurgery. The clinical note dated 06/27/13 indicates the patient presenting for further evaluation and continuation of treatments. The note indicates the patient having undergone lab studies, which revealed essentially normal findings. The operative report dated 10/16/13 indicates the patient undergoing cryosurgery to address the keratoses. The clinical note dated 10/16/13 indicates the patient continuing with no significant improvement with the ongoing symptomology. CO2 laser resurfacing for wounds has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

CO2 LASER RESURFACING FOR WOUNDS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ANTHEM MEDICAL POLICY.

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/ARCH DERMATOL.2011.248.; and 2.) WEISS ET, CHAPAS A, BIGHTMAN, 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 request for Carbon Dioxide laser resurfacing for wounds is non-certified. The documentation indicates the patient showing signs of keratosis, dyschromia, and elastosis. Carbon Dioxide laser resurfacing would be indicated for wounds provided the patient meets specific criteria to include significant functional deficits associated with the wounds. No information was submitted regarding the patient's functional deficits. No objective data was submitted confirming any range of motion, strength, or endurance issues associated with the patient's current wounds. Given the lack of information regarding any objective findings confirming the patient's functional deficits, this request is not indicated. Therefore, this request is not recommended as medically necessary.