

<b>Case Number:</b>	CM13-0072311		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	09/07/2000
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 69 year old male with a work injury date of 09/07/2000. His primary diagnosis is actinic keratosis. A prior UR determination dated 12/17/2013 rendered a modification of the requested services to certify Mohs surgery/Repair of wound defect. Prior UR determination dated 10/23/2013 rendered certification of the requested services skin biopsies and destruction of actinic keratosis. Prior UR determination dated 06/04/2013 rendered certification of the requested services skin biopsies and destruction of actinic keratosis. Prior UR determination dated 05/08/2013 rendered certification of the requested services skin biopsies and destruction of actinic keratosis. Pathology report dated 12/09/2013 provides assessment of biopsied skin materials to R/O SCC: A) R Vertex, B) R hand dorsum; C) L hand dorsum:A; D) L hand dorsum:B E) L upper helix. The report provides the diagnosis of actinic keratosis (A-D); E) L upper helix biopsy: deeper cuts show actinic keratosis, bowenoid, transected, and basal cell carcinoma, superficial type. Sample sent out for second opinion. Pathology report dated 12/11/2013 documents diagnosis: Tiny focus of an atypical basaloid proliferation consistent with superficial basal cell carcinoma; Actinic keratosis, hypertrophic type, lesional cells extend to a peripheral edge of the biopsy. Pathology report dated 6/07/2013 provides assessment of biopsied skin material to R/O SCC: R hand dorsum. Diagnosis: deeper cuts show actinic keratosis; no malignancy identified in sections examined. The treating provider has requested MOHS surgery/repair of wound defect/co2 fractionated laser resurfacing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OTHER: MOHS SURGERY/REPAIR OF WOUND DEFECT/CO2 FRACTIONATED LASER RESURFACING:** 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.

**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: AETNA clinical policy: MOHS Micrographic surgery [http://www.aetna.com/cpb/medical/data/300\\_399/0383.html](http://www.aetna.com/cpb/medical/data/300_399/0383.html) AETNA clinical policy: Dermabrasion, Chemical Peels, and Acne Surgery [http://www.aetna.com/cpb/medical/data/200\\_299/0251.html](http://www.aetna.com/cpb/medical/data/200_299/0251.html).

**Decision rationale:** Mohs Micrographic Surgery is not medically necessary in this case because it is unclear which anatomical location the physician wants to perform Mohs Surgery on. Based on Aetna guidelines, actinic keratosis is not a reason to perform Mohs Surgery. I did see a pathology report that reveals a "Tiny focus of and a typical basaloid proliferation consistent with superficial basal cell carcinoma", but it is unclear where the anatomical location is and with a small focus on presumable basal cell carcinoma, Mohs Surgery is not indicated in this situation. Therefore as stated above is not medically necessary.