MAXIMUS Federal Services

Case Number:	CM14-0018529		
Date Assigned:	04/18/2014	Date of Injury:	01/21/2002
Decision Date:	06/30/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/13/2014

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 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 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 enrollee is a male with multiple biopsy-proven squamous cell carcinomas located on the back and scapular areas. The request is to review the medical necessity of treatment of these lesions, namely excision of the squamous cell carcinoma, repair of the surgical defect and CO2 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:

EXCISION: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Interventions for non-metastatic squamous cell carcinoma of the skin: systematic review and pooled analysis of observational studies. Lansbury L, Bath-Hextall F, Perkins W, Stanton W, Leonardi-Bee J. BMJ. 2013 Nov 4;347:f6153.

Decision rationale: Squamous cell carcinoma is a malignant neoplasm of the skin, generally associated with chronic ultraviolet radiation or found in areas of chronic inflammation. Squamous cell carcinoma is malignant and rarely has the potential to metastasize to other body

areas. Standard of care includes excision of invasive squamous cell carcinomas of the skin (Lansbury, 2013).

CO2 FRACTIONATED LATER RESURFACING OF WOUND EDGES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Treatment of acne scars and wrinkles in asian patients using carbon-dioxide fractional laser resurfacing: its effects on skin biophysical profiles. Hwang YJ, Lee YN, Lee YW, Choe YB, Ahn KJ. Ann Dermatol. 2013 Nov;25(4):445-53.

Decision rationale: Laser resurfacing, via CO2 laser is not considered to be medically necessary in the treatment of squamous cell carcinoma of the skin. Standard excision of SCC on the back does not routinely require laser therapy of the wound edges at the time of excision and repair. The claim for this portion of the treatment should be denied. CO2 laser resurfacing is sometimes used for scar revision (Hwang, 2013), but its use intraoperative is inappropriate in this case.

REPAIR OF WOUND DEFECT: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Surgical principles for achieving a functional and cosmetically acceptable scar. Perez-Bustillo A, Gonzalez-Sixto B, Rodrïguez-Prieto MA. Actas Dermosifiliogr. 2013 Jan;104(1):17-28.

Decision rationale: Excision of squamous cell carcinomas involves removal of the entire skin tumor with surrounding border of normal skin through the entire skin thickness down to subcutaneous fat. As such, repair of the surgical wound most often is accomplished with a layered closure, involving 2 layers of sutures. Coverage of a layered closure of the surgical wound should be provided by the insurer. However, for a wound of the size documented, a complex closure would be inappropriate. For this case, the appropriate repair code would be one for an intermediate layered repair, not complex. The use of the complex repair code suggests the need for wide undermining of the skin surrounding the surgical defect. Given that the surgical wound described was small (<2 cm) and located on the back, it is highly unlikely that wide underling and a complex closure was necessary. The repair should be covered, but not as a complex repair, but instead as an intermediate repair.