MAXIMUS Federal Services

Case Number:	CM14-0024596		
Date Assigned:	06/11/2014	Date of Injury:	04/30/2009
Decision Date:	10/02/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/26/2014

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 General Surgery and is licensed to practice in California and Nevada. 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:

This 49 year old male has had a multitude of skin lesions treated since 2009 related purportedly to sun damaged skin. In this instant he had a skin lesion shave biopsied. The pathology showed an atypical junction melanocytic nevus, moderately atypical. Complete excision was advised. The request was for excision/repair of wound defect/CO2 fractionated laser resurfacing of wound edges.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXCISION / REPAIR OF WOUND DEFECT / CO2 FRACTIONATED LASER 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 practicaldermatology.com/pdfs/PD0610_residents.pdf June 2010 Carbon Dioxide Laser Skin Resurfacing; Author: Andrew Jacono, MD; Chief Editor: Gregory Caputy, MD, PhD, FICS Medscape Updated: Aug 9, 2012 Clinical Dermatology - Habif, Thomas P./ Bonnett, Claire (EDT)/ Lowson, Kirs

Decision rationale: Mild to moderate atypical connotes low likelihood of melanoma transformation while moderate to severe is far more likely to undergo transformation to a frank melanoma. The question here relates to the medical necessity of laser resurfacing as to whether it is intended to obtain cosmesis as per Jacono or to treat the partially excised skin lesion to eliminate or decrease the chance of transformation to a malignant melanoma. The risk in this case is quite low per "Clinical Dermatology by Habif". Therefore, the request for the use of CO2 fractionated laser resurfacing is not medically necessary. Since it is unclear as to the intent and since a decision cannot be modified, re-excision and resurfacing is not medically necessary.