

Case Number:	CM14-0038281		
Date Assigned:	06/25/2014	Date of Injury:	10/10/1995
Decision Date:	10/07/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/01/2014

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 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 67 year old male who was injured on 10/10/1995. The mechanism of injury is unknown. The patient underwent biopsy of right mid helix; right lower pre-auricular area; and central upper back on 08/28/2013; CO2 fractional ablative resurfacing on 11/06/2013. Progress report dated 02/20/2014 states the patient is being treated for actinic keratosis basal cell carcinoma neoplasm, undetermined behavior. Progress report dated 02/28/2014 states the patient presented for treatment of basal/squamous cell carcinoma; melanoma and neoplasm of undetermined behavior. The patient was given topical creams and instructed on applying sunscreen. The patient had a skin biopsy (8) and instructed to return to office. Prior utilization review dated 03/19/2014 states the request for Mohs/Repair of defect/CO2 fractionated laser resurfacing of wound edges is modified to approve partial approval for Mohs and repair of defect is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mohs/Repair of defect/CO2 fractionated laser resurfacing of wound edges: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-melanoma Skin Tumors. Basal Cell Carcinoma. Mohs' surgery. Modified from Albright SD III: J Am Acad Dermatol 1982; 7:143. Apollo Managed Care. PubMed.gov, US National Public Library of Medicine, National

Institutes of Health last updated 02/26/2012 <http://www.ncbi.nlm.nih.gov/pubmed/21508586>
Fractioned laser

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: http://practicaldermatology.com/pdfs/PD0610_residents.pdf
<http://emedicine.medscape.com/article/2212475-overview>

Decision rationale: CA MTUS and ODG do not discuss the request. The location of the basal cell or squamous cell carcinoma needs to be ascertained before Mohs and subsequent repair can be approved. In addition the type of BCC/SCC is necessary as well as the size of the lesion. The CO2 Fractionated Laser is a cosmetic service and therefore not approved.