MAXIMUS Federal Services

Case Number:	CM14-0038405		
Date Assigned:	06/27/2014	Date of Injury:	02/13/2009
Decision Date:	08/05/2014	UR Denial Date:	03/24/2014
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 Occupational Medicine, has a subspecialty in Preventive Medicine and is licensed to practice in California. 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 applicant is a represented [redacted] employee who has filed a claim for hyperkeratotic lesions, actinic keratoses, and a basal cell carcinoma of the forearm reportedly associated with an industrial injury of February 13, 2009.Thus far, the applicant has been treated with the following: Biopsy and excision of lesions about the ears and forearms.In a Utilization Review Report dated March 24, 2014, the claims administrator partially certified a request for excision and repair of a wound defect with laser resurfacing of wound edges as excision and repair of the wound defect alone. The claims administrator cited Apollo Manage Care Guidelines.The applicant's attorney subsequently appealed.In a pathology report of March 14, 2014, the applicant was given diagnoses of actinic keratosis of the ear, actinic keratoses of the forearm, and a basal cell carcinoma of the forearm.In a progress note of March 11, 2014, sparse, handwritten, difficult to follow, the applicant was described as improving. The applicant was given a diagnosis of actinic keratosis. The applicant apparently underwent cryosurgery. Lesions were biopsied. Topical antibiotics were endorsed. The note comprised almost entirely of preprinted checkboxes with little or no narrative commentary.On April 24, 2014, the applicant underwent a complex linear closure of the left distal outer forearm lesion.

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:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Apollo Managed Care.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mohs Micrographic Surgery, Edited by Stephen Snow, George Mikhail, page 156.

Decision rationale: The MTUS does not address the topic. As noted in the textbook Mohs Micrographic Surgery: "A plan of action should be discussed in the event that an unacceptable scar occurs" following a mole surgery to remove an actinic keratosis, basal cell carcinoma, or other cancers or precancerous skin tissue. The Mohs Micrographic Surgery textbook goes on to note that "if still troublesome to the patient, treatment options include surgical revision, laser therapy, and tattoo consideration of white spots." In this case, the applicant did apparently develop a scar and/or suboptimally healed wound following the earlier Mohs surgery to excise basal cell carcinoma. Thus, the excision and repair of the Mohs surgery-generated wound and associated laser resurfacing of skin edges is medically necessary.