

Case Number:	CM14-0038764		
Date Assigned:	06/27/2014	Date of Injury:	10/17/2012
Decision Date:	09/25/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/02/2014

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 Family 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:

This is a 42 year old male who reported an industrial injury on 10/17/2012, attributed to exposure to the sun while performing his customary job duties as a police officer. The patient has a history of actinic keratoses; basal cell carcinoma, and sun damage to the exposed skin. The AME evaluation resulted in the diagnoses of actinic Keratosis sun-exposed face, trunk, and arms work related and basal cell CA of the ear work related. The recommendations for future medical care included the evaluation and treatment of any suspicious lesions to the sun exposed skin. The patient was established as permanent and stationary. The patient underwent a Mohs surgery. The patient was to have an excision repair of wound defect with the CO2 fractioned laser with 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 repair of wound defect/ CO2 fractioned laser resurfacing for 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 Official Disability Guidelines (ODG) Pain chapter--low

level laser therapyOther Medical Treatment Guideline or Medical Evidence: General medicine disciplinary guidelines.

Decision rationale: There is no rationale by the requesting provider to support the medical necessity of the excision repair of the wound defect with the CO2 fractionated laser for resurfacing the wound edges. The patient is noted to have had an excision of a basal cell skin cancer attributed to sun exposure. The excision of the basal cell carcinoma has healed and left an excision scar. The use of the laser with a scar excision represents cosmetic surgical intervention with no demonstrated functional improvement other than the perceived cosmetic appearance s/p basal cell CA excision. There is no objective evidence provided that there is a functional defect from the excision of the CA. The scar revision is cosmetic without any demonstrated medical necessity for function. There is no demonstrated failure of conservative care for the treatment of the postoperative scar. The provider did not document objective findings on examination, which would support the medical necessity for the requested excision and wound repair with the CO2 fractionated laser for more than cosmetic purposes.