

Case Number:	CM14-0041003		
Date Assigned:	06/27/2014	Date of Injury:	01/31/2012
Decision Date:	09/24/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/07/2014

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 Dermatologist, 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 41 year old female who was injured on 01/31/2012. The mechanism of injury is unknown. Prior medication history included tramadol, Gabapentin, Naproxen, and Bystolic. Progress report dated 06/28/2013 documented the patient presented with a history of basal carcinoma right temple and zygoma. She also has a history of cutaneous elastosis head, neck, arms, leg and torso. She complained of growing lesions that are asymptomatic on the right zygoma, left chin, and left medial cheek. They have been present for 4 months. She has a lesion on the right arm and is requesting evaluation of multiple moles on the back. On exam, multiple lentigos, medial left cheek 3mm and red papule, 3 mm red papule left chin and 3 mm red papule on right zygoma. The bilateral upper extremities revealed subcutaneous movable nontender 1 cm lesion right forearm, left upper extremity. On her back, there are multiple irregular nevi, 6 mm dysplastic nevis right lower back. Bilateral lower extremities revealed right thigh to have scaly erythematous papule. She is diagnosed with subcutaneous mass, right forearm, possible traumatic lipoma, rule out metastatic disease; cutaneous elastosis; rule out carcinoma left medial cheek, left chin, right zygoma, right thigh, and right lower back. The patient has been recommended for biopsies and a series of chemical peels. Prior utilization review dated 03/03/2014 states the request for Excision/repair of wound defect/CO2 fractionated laser resurfacing of wound edges is denied as medical necessity has not been established; Skin biopsies is denied as medical necessity has not been established; and Destruction of actinic keratosis is denied as medical necessity has not been established.

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 lase resurfacing of wound edges: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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: CO2 fractionated lase resurfacing of wound edges:
http://practicaldermatology.com/pdfs/PD0610_residents.pdfExcision / repair of wound
<http://static.aapc.com/a3c7c3fe-6fa1-4d67-8534-a3c9c8315fa0/16f6616f-8c79-4d59-9b97-6d29ecbaee89/99bb342b-ff53-41a5-a75e-f774215f7fa8.pdf>.

Decision rationale: c)My rationale for why the requested treatment/service is or is not medically necessary:The aforementioned procedures are not indicated since pathology for the lesion(s) have not been established. The initial step would be to biopsy the suspicious lesion first.

Skin biopsies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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://www.aad.org/dermatology-a-to-z/diseases-and-treatments/a---d/actinic-keratosis/diagnosis-treatment>.

Decision rationale: If the medical provider suspects a lesion to be clinically atypical, the standard of care is to perform a biopsy. The specimen can then be sent for pathological analysis and further treatment can then be elucidated.

Desctruction of actinic keratosis: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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://www.totalskinandbeauty.com/skin-cancer-destruction-precancers-actinic-keratoses.shtml>.

Decision rationale: A cost effective manner in treating actinic keratoses is cyrosurgery. These lesions, if left untreated, can evolve into squamous cell carcinoma.