MAXIMUS Federal Services

Case Number:	CM14-0057208		
Date Assigned:	07/09/2014	Date of Injury:	08/07/2013
Decision Date:	09/09/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/28/2014

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 54 year old male who was injured on 08/07/2013. The patient has trained and worked outdoors as a part of his work related duties and has developed a history of skin problems over the years. The patient underwent resurfacing wound edges on 03/26/2014 and 02/15/2014; skin biopsies of the left lateral lower neck A and B on 03/26/2014. Pathology report dated 02/05/2014 revealed no evidence of tumor in Burow's triangles in A and B excision sites. AM E report dated 03/05/2014 states the patient complained of a history of precancerous and cancerous lesions on his sun-exposed skin. On exam, he is noted to have multiple scaly actinic keratoses on the face and scalp. He is diagnosed with actinic keratosis, sun-exposed face and arms. The progress report dated 03/26/2014 states the patient presented with follow up for basal squamous cell carcinoma x2 of left neck. The patient has been improving and was given topical antibiotics and oral antiobiotics from MOHS surgery/CO2 fractionated laser surgery. It is noted that due to the location of the malignancy, MOHS micrographic surgery was chosen as the best option for definitive treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/300_399/0383.html.

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.mayoclinic.org/tests-procedures/mohs-surgery/basics/definition/prc-20014261.

Decision rationale: I do not have any evidence (pathology reports) of a basal cell carcinoma and/or squamous cell carcinoma in appropriate anatomical sites that would warrant Mohs Surgery. As such, the request is not medically necessary.

CO2 Fractionated laser resurfacing of wound edge: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
httt://www.ncbi.nlm.nih.gov/pubmed/21508586.

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.nimotech.cz/files/Molecular%20Effect%20Of%20Fractional%20Carbon%20Dioxide%20Laser%20Resurfacing.pdf.

Decision rationale: The CO2 Fractionated laser for wound edges is a cosmetic procedure and not medically necessary.