

Case Number:	CM14-0058794		
Date Assigned:	07/09/2014	Date of Injury:	02/27/2010
Decision Date:	09/09/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/29/2014

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 58 year old male who was injured on 02/27/2010. The patient developed sun damage to his skin, toxic exposure to diesel combustion products related to his work. The patient underwent cryosurgery on 03/06/2014; liquid nitrogen therapy. Pathology report dated 03/17/2014 demonstrated basal cell carcinoma. Progress report dated 03/06/2014 states the patient presented with multiple scaly lesions. Objective findings on exam revealed actinic keratosis. He is diagnosed with actinic keratosis, basal cell carcinoma and squamous cell carcinoma. Prior utilization review dated 04/04/2014 states the request for Mohs micrographic surgery with closure is denied as medical necessity has not been established; Core laser 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:

Mohs micrographic surgery with closure: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.actna.com/epb/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://mohsdermhouston.com/surgical-dermatology/mohs-micrographic-surgery/>.

Decision rationale: The guidelines used for this decision come from AAD/ACMS appropriate use guidelines in which Mohs Micrographic Surgery with closure is indicated for a biopsy proven basal cell carcinoma. The AAD website provides the comprehensive list of appropriate use of Mohs Surgery. The request is medically necessary in this case.

Core laser: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://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://cosmeticlasermd.com/laser-technology/laser-treatments/co2re-fractional-co2-skin-resurfacing>.

Decision rationale: The Core laser is not medically necessary and is a cosmetic procedure for touching up wound edges and/or for actinic keratosis. More conventional treatment modalities such as cyrosurgery, topical 5-FU, photodynamic therapy, and ED&C should be considered prior to Core laser therapy.