

<b>Case Number:</b>	CM14-0071171		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	07/06/2012
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 57 year old male who was injured on 12/03/1982-07/16/2012. He developed work related issues pertaining to his as he worked for the fire department. The patient underwent laser therapy on 05/27/2014 and skin repair on 02/27/2014. He underwent liquid nitrogen in 2012. He had a basal cell carcinoma removed from behind his left ear in 07/2012 as well as a lipoma from his neck. Initial examination report dated 05/14/2013 documented the patient suffered from occasional sunburns. On exam, he has a neoplasm of undetermined origin on the right upper forehead measuring approximately 5 mm. He also has a hyperkeratotic papule on the right lateral cheek, rule out squamous cell carcinoma. He is noted to have a dark, irregular-shaped, symmetric dark macule on the left ear tragus/antitragus measuring 2 mm; rule out atypical pigmented lesion. There are varicosities on the right arm and right chest. He has solar elastosis and dyschromia on the face, head and neck regions, extremities, and upper trunk. There are actinic keratoses present on the face, neck, and upper extremities. He is noted to have an extensive amount of nevi on the back, chest, and abdomen, some appeared atypical by morphology and characteristics. There are stasis changes and hemosiderin pigmentation of both legs, right more so than the left shins. Diagnoses are history of basal cell carcinoma in the left retroauricular area, status post removal; actinic keratoses; 4 neoplasms of undetermined origin on the right upper forehead, right cheek, right hand dorsum, and the left ear; rule out malignancy; extensive nevi, likely atypical. Prior utilization review dated 04/17/2014 states the request for CO2 fractionated laser resurfacing of wound edges and Skin biopsies/destruction of actinic keratoses is denied as 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:

**CO2 fractionated laser resurfacing of wound edges:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health; Fractional Laser.

**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://practicaldermatology.com/pdfs/PD0610\\_residents.pdf](http://practicaldermatology.com/pdfs/PD0610_residents.pdf).

**Decision rationale:** The guidelines used in this decision does not recommend Co2 laser resurfacing for wound edges. This is considered a cosmetic treatment and thus not covered by insurance.

**Skin biopsies/destruction of actinic keratoses:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Habif: clinical Dermatology, 4th edition.

**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:** Skin biopsies are definitely indicated for lesions of uncertain origin and/or behavior. Actinic keratosis should be treated with cyrosurgery. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.