

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0084964 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 11/11/2004 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 05/22/2014 |
| Priority: | Standard | Application Received: | 06/06/2014 |

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 55 year old male who was injured on 11/11/2004. The mechanism of injury is unknown. Prior treatment history has included Bactrim and Trimix. The patient underwent biopsies of the skin on 05/02/2014. The patient has had cryosurgery for actinic keratoses of the face, ears, forearms, and hands on 05/02/2014. He has a diagnosis of prostate cancer as well. Pathology report dated 05/18/2014 revealed verrucous/lichenoid keratosis, skin, right chest (A) with background of severe solar elastosis and focal actinic changes; Biopsy of skin, right lower back revealed atypical lentiginous melanocytic proliferation, pigmented cells and melanocytes extend to a peripheral biopsy edge. The degrees of atypia are considered mild to focally moderate. Progress report dated 05/02/2014 documented the patient presented with actinic keratosis and basal squamous cell. His status is unchanged from previous visits. He is using topical antibiotics and sunscreen. He is recommended to follow up Prior utilization review dated 05/22/2014 states the request for excision/repair of wound defect/ CO2 fractionated laser resurfacing of wound edges is denied as there is no evidence to support the request.

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 laser resurfacing of 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 Other Medical Treatment Guideline or Medical Evidence: < > CO2 Fractionated laser resurfacing of wound edge:
<http://www.webmd.com/beauty/laser-skin/laser-resurfacing-surgical>.

Decision rationale: There is no evidence or documentation of an excision that would necessitate the need for CO2 Fractionated laser resurfacing for wound edges.