MAXIMUS Federal Services

Case Number:	CM14-0084969		
Date Assigned:	07/23/2014	Date of Injury:	05/07/2009
Decision Date:	09/09/2014	UR Denial Date:	05/20/2014
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 a Licensed 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 injured worker is a 58-year-old female who was injured on 05/27/2009. The mechanism of injury is unknown. The patient underwent complex linear closure of the right central back on 01/14/2014; and right central back biopsy on 11/20/2013. Pathology report dated 05/05/2014 documented the patient to have a degree of atypia on the left lower back, right upper and lateral leg and left calf. There is atypical junctional/melanocytic proliferation with pigmented cells that extend to a peripheral biopsy edge. The left lower back revealed a degree of atypia is mild and melanocytic proliferation, pigmented cells, and melanocytes which extend to a peripheral biopsy edge. The degree of atypia considered mild to focally moderate.

IMR ISSUES, DECISIONS AND RATIONALES

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

CO2 Laser Resurfacing of Wound Edges x 2 on the Left Upper Back and Left Lower Back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation JAMA Dermatol. 2013 Aug; 149(8):928-34.doi: 10.1001/jamadermatol.2013.4440; Reddy KK; Recent Results Cancer Res. 1995;139:417-21 Laser Therapy of Skin Tumors. Landthaler M, Szeimies RM, Hohenleutner U. Source Department of Dermatology, University of Regensburg, Germany.

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://codapedia.com/article_502_Coding-Excisions-and-Wound-Repairs.cfm.

Decision rationale: The request for CO2 resurfacing for the wound edges would not be supported as this is considered a cosmetic procedure. Therefore, the request for two CO2 laser resurfacing of wound edges on the left upper back and left lower back is not medically necessary and appropriate.