

Case Number:	CM14-0095730		
Date Assigned:	07/25/2014	Date of Injury:	12/26/2005
Decision Date:	09/12/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/23/2014

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 Orthopedic Surgery and is licensed to practice in California. 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 67-year-old male who reported an injury on 12/26/2005 due to an unknown mechanism of injury. The injured worker's diagnoses included actinic keratosis, basal/squamous cell cancer and neoplasm. It was noted that the injured worker's condition was improving. Treatment included topical antibiotics and use of sunscreen. A Request for Authorization for skin biopsies and destruction of the actinic keratosis was submitted on 05/16/2014.

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: 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 (ODG) Burn Chapter, Laser Therapy (scar management).

Decision rationale: The requested CO2 fractionated laser resurfacing of wound is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend laser therapy for scar management when

there is evidence of significant functional impairment related to the scar. Clinical documentation does indicate that the injured worker requires a biopsy. It would reasonable to expect the wound to heal on its own. There is no documentation that there is a need for laser resurfacing to improve any functional impairments. As such, the requested CO2 fractionated laser resurfacing of the wound is not medically necessary or appropriate.