

Case Number:	CM13-0067114		
Date Assigned:	01/03/2014	Date of Injury:	03/31/2003
Decision Date:	04/10/2015	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/17/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic Surgery

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 male who sustained an industrial injury on 3/31/2003. Details of initial injury not submitted for this review. The diagnoses have included melanoma, neoplasm, actinic keratosis, and atypical nevus. A PR-2 from September 7, 2011 was submitted listing diagnoses and suggesting treatment of sunscreen and suggesting follow up in four (4) weeks. On 11/27/2013 Utilization Review modified-certification for MOHS surgery, skin repair of Defect ONLY, noting the medical records lacked documentation of functional impairment required for use of a CO2 laser resurfacing of wound edges. MTUS and ODG Guidelines were cited as not applicable. On 12/17/2013, the injured worker submitted an application for IMR for review of MOHS surgery, skin repair of defect, CO2 laser resurfacing of wound edges.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: CO2 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 Anthem Medical Policy ANC.00007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. ASPS(American Society of Plastic Surgeons)

Positions on Recommended Insurance Coverage Criteria, Skin Lesions, (3/2003), accessed April 8th, 2015 at <http://www.plasticsurgery.org/for-medical-professionals/legislation-and-advocacy/health-policy-resources/recommended-insurance-coverage-criteria.html>.

Decision rationale: The patient is a 68 year old with documented biopsy proven invasive squamous cell carcinoma who was certified for Mohs surgery and closure. A request was made for CO2 laser resurfacing of the wound edges. Based on the medical records provided as well as an interpretation from the UR, there is insufficient documentation to justify this procedure. It is unclear if this is for current conditions or in anticipation of significant scarring following the Mohs reconstruction (which would be premature and would require other means of attempted correction first). In either case, there is not sufficient justification; therefore, it should not be considered medically necessary. From the ASPS, treatment of actinic keratoses and skin cancers should be considered medically necessary. Treatment would likely result in scarring which sometimes can become hypertrophic requiring further therapy. However, laser therapy would not be an initial treatment that is appropriate.