

Case Number:	CM14-0187585		
Date Assigned:	11/20/2014	Date of Injury:	06/01/2002
Decision Date:	01/28/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/10/2014

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 Dermatologist and is licensed to practice in New York. 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 enrollee is a 52 year old male with biopsy-proven basal cell carcinoma overlying the temple. He was treated with Mohs micrographic surgery to remove the carcinoma and subsequently had a repair of the defect which required an island pedicle flap. The enrollee is requesting coverage of the repair of the Mohs defect which has been denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective; Skin Repair of Wound Defect, (DOS 3/5/14): Overturned

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: Blechman AB, Patterson JW, Russell MA. Application of Mohs micrographic surgery appropriate-use criteria to skin cancers at a university health system. J Am Acad Dermatol. 2014 Jul;71(1):29-35.

Decision rationale: The enrollee was treated with Mohs micrographic surgery for a biopsy-proven basal cell carcinoma, a common type of skin cancer. The typical treatment of such a lesion on the face often involves Mohs micrographic surgery, followed by repair of the surgical

defect (Blechman, 2014). It is considered medically necessary and standard of care to suture the surgical defect left behind after excision of a skin cancer. The request for coverage of the skin repair should be approved.