

Case Number:	CM14-0023112		
Date Assigned:	05/14/2014	Date of Injury:	04/23/2010
Decision Date:	01/27/2015	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/24/2014

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 59 year old male with history of actinic keratoses and non-melanoma skin cancers. He is requesting coverage for CO2 revision of wound edges at the time of skin repair following skin cancer excision. The request for CO2 resurfacing has been denied on the basis that it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

CO2 Wounded Edges Resurfacing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed.gov. US National Public Library of Medicine. National Institutes of Health last updated 02/26/2012.
<http://www.ncbi.nlm.nih.gov/pubmed/21508586>. Fractionated laser

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Choi JE, Oh GN, Kim JY, Seo SH, Ahn HH, Kye YC. Ablative fractional laser treatment for hypertrophic scars: comparison between Er:YAG and CO2 fractional lasers. J Dermatolog Treat. 2014 Aug;25(4):299-303

Decision rationale: The enrollee is 59 year old male with history actinic keratoses and non-melanoma skin cancer which was treated with excision and repair. The enrollee is requesting

coverage for CO2 resurfacing of the edges of the wound. There is no medical documentation to support the use of CO2 resurfacing at this time. There is no documentation of the development of a hypertrophic or keloidal scar, which may make resurfacing necessary. Given the lack of evidence to support the need for this treatment, the request for CO2 resurfacing is not medically necessary.