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| Case Number: | CM14-0024108 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 04/23/2007 |
| Decision Date: | 04/10/2015 | UR Denial Date: | 01/30/2014 |
| Priority: | Standard | Application Received: | 02/26/2014 |

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. 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 62-year-old male, with a reported date of injury of 04/23/2007. The diagnoses include right mid outer forearm for squamous cell carcinoma, actinic keratosis, and excoriation. Treatments were not included. The pathology report dated 12/13/2013 indicates that the injured worker had solar elastosis of the right posterior shoulder remnant, right mid outer forearm remnant, and right medial clavicle; the right hand dorsum/wrist had a squamous cell carcinoma; excoriation of the right proximal forearm; and scar evidenced by an altered epidermal rete ridge pattern of the right posterior shoulder. The treating physician requested CO2 fractionated laser resurfacing of wound edges. The rationale for the request was not indicated. On 01/30/2014, Utilization Review (UR) denied the request for CO2 fractionated laser resurfacing of wound edges, noting that the treatment is not medically necessary, as the outcomes with standard closure can be excellent. The US National Public Library of Medicine and the National Institutes of Health were cited.

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 edges: 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.

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 62-year-old with documented squamous cell carcinoma of the forearm 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, there is insufficient documentation to justify this procedure. It appears that this was performed at the time of the Mohs resection and closure; however, it is unclear for what purpose. If this was performed to improve scarring, then it is premature and there would be other means for attempted treatment first. If there was some reason to expect hypertrophic scarring and/or keloid scarring then there may be reasons to treat at the time of the closure. However, there would need to be sufficient justification for this and laser therapy would not be likely be the initial treatment. 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/keloidal requiring further therapy. However, laser therapy would not be an initial treatment that is appropriate at the time of the initial resection and closure. Thus, CO2 fractionated laser resurfacing of wound edges should not be considered medically necessary.