

Case Number:	CM15-0019749		
Date Assigned:	02/09/2015	Date of Injury:	01/30/1995
Decision Date:	04/20/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/02/2015

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: Texas, Arizona
Certification(s)/Specialty: Surgery, 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 50-year-old male who reported an injury on 01/30/1995. The mechanism of injury was not specifically stated. The current diagnosis is actinic keratosis with undetermined neoplasm. The injured worker presented on 12/12/2014 for a follow-up evaluation. It was noted that the injured worker had been utilizing topical antibiotics and sunscreen. The injured worker presented for a skin check with complaints of discoloration located on the forehead. The physical examination revealed normal findings. Recommendations included a biopsy followed by application of antibiotic ointment. Cryosurgery was also recommended. A procedure note was submitted on 01/22/2015, indicating that the injured worker underwent wound resurfacing. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CO2 fractionated laser resurfacing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Morton CA, Birnie AJ, Eedy DJ. British Association of Dermatologists' guidelines for the management of squamous cell carcinoma in situ (Bowen's disease) 2014. Br J Dermatol. 2014 Feb; 170(2):245-60.

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: California MTUS/ACOEM Practice Guidelines do not specifically address the requested service. Official Disability Guidelines do not specifically address the requested service. Last updated: 09 April 2015. U.S. Department of Health and Human Services National Institutes of Health. Squamous cell skin cancer. J. M. Firnhaber, MD. Am Fam Physician. 2012 Jul 15; 86(2):161-168. Diagnosis and Treatment of Basal Cell and Squamous Cell Carcinoma.

Decision rationale: According to the U. S. National Library of Medicine, treatment of squamous cell cancer may include excision, curettage and electrodesiccation, cryosurgery, medication, Mohs surgery, photodynamic therapy, and radiation. According to the American Academy of Family Physicians, treatment depends on the diagnosis and type of skin cancer. According to the documentation provided, the injured worker is being treated for squamous cell and basal cell carcinoma. Biopsies revealed no malignancies. The injured worker has utilized topical antibiotics and sunscreen. The injured worker was previously issued authorization for excision/repair of a wound defect as it related to the injured worker's condition in 01/2015. The use of CO2 fractionated laser resurfacing would not be supported. There is little evidence in regard to the efficacy and safety in the management of basal and squamous cell carcinoma with the use of CO2 fractionated laser resurfacing. In the absence of an attempt at other treatment, which has been proven more effective, the request is not medically appropriate at this time.