

<b>Case Number:</b>	CM15-0016362		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	09/16/2010
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: 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, who sustained an industrial injury on 9/16/2010. On 1/28/15, the injured worker submitted an application for IMR for review of MOHS repair with [REDACTED] repair of wound with [REDACTED]. The treating provider has reported the injured worker was diagnosed with squamous cell carcinoma right upper forehead and right calf with classic presentation and no previous skin cancer treatment. The active diagnoses were not evident; as well as prior treatment for the claim. On 1/19/15 Utilization Review non-certified MOHS repair with [REDACTED] repair of wound with [REDACTED]. An evidenced based community standard (Aetna) Clinical Policy Bulletin titled "MOHS Micrographic Surgery" Number 0383 was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MOHS repair with [REDACTED] repair of wound with [REDACTED]** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.aetna.com](http://www.aetna.com)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MOC-PS(SM) CME Article: Nonmelanoma Facial Skin

Malignancy. Zbar, Ross I. S.; Canady, John W. *Plastic & Reconstructive Surgery*. 121(1S):1-9, January 2008.

**Decision rationale:** The patient is a 62-year-old male with a biopsy proven squamous cell carcinoma of the right forehead. Recommendation had been made for MOHS surgery by one surgeon and MOHS reconstruction/closure by a different surgeon. This is consistent with standard of care, based on the assessment by the MOHS surgeon. From the reference, 'Specific indications indeed exist for the use of MOHS micrographic surgery in treating nonmelanoma facial skin malignancy. These include the following: tumors in sites with a relatively high rate of treatment failure; tumors with poorly delineated clinical borders or arising from scar tissue; morpheaform (sclerosing) basal cell carcinomas; tumors in critical locations such as the eyelid, where it is desirable to conserve as much uninvolved tissue as possible; and recurrent basal cell and squamous cell carcinomas. Further, the plastic surgeon may receive a consultation from a dermatologist who performed a MOHS excision of a nonmelanoma facial skin malignancy but was subsequently unable to repair the resulting defect. Thus, it is not uncommon for a dermatologist to do the resection and the plastic surgeon to do the reconstruction, as in this case. With respect to the UR, modification was made so that the one surgeon is doing the Mohs repair and the wound repair. This is actually the same repair. There is only one wound. If the UR reviewer had communicated with the treating physicians and clarification was made then the initial request should not be considered medically necessary. One surgeon is necessary to do the resection (MOHS resection) and one surgeon is necessary to do the reconstruction/repair, in this case. Although there are times when the one doing the resection also does the repair.