

Case Number:	CM15-0035570		
Date Assigned:	03/04/2015	Date of Injury:	04/07/2010
Decision Date:	06/02/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/25/2015

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: Florida, Pennsylvania, Hawaii
Certification(s)/Specialty: Dermatology

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 58-year-old male who reported an industrial injury on 04/07/2010. The injured worker reportedly suffered sun exposure while working as a police officer, resulting in sunburn and ultimately squamous cell carcinoma. The latest physician progress note submitted for this review is documented on 01/19/2015. The injured worker maintains diagnoses of photo aging, actinic keratosis, and neoplasm of uncertain behavior. According to the progress note, the injured worker presented for a follow-up of a biopsy, located on the right medial upper back. The biopsy site was well healed and was performed 3 years prior. Pathology results showed dermatitis. The injured worker now presents for cryotherapy, evaluation, and management. An examination was performed including the scalp, head, lips, neck, chest, abdomen, back, upper and lower extremities, and inspection and palpation of digits and nails. The provider documented reticulated light tan macules in sun distribution and solar elastosis located on the face. There was a yellowish-brown 2-6 mm inflamed scaly papule distributed on the trunk and scalp. There was also a patch and macule located on the body throughout. Recommendations at that time included liquid nitrogen for 1 freeze/thaw cycle lasting 2 seconds, located on the trunk and scalp. A Request for Authorization form was submitted on 01/24/2015 for a biopsy with pathology and cryosurgery to 20 lesions.

IMR ISSUES, DECISIONS AND RATIONALES

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

V-Beam Laser treatment, Scalp, 1 treatment every 4 weeks (8): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3570568>.

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: Last updated: 12 May 2015. U.S. Department of Health and Human Services National Institutes of Health.

Decision rationale: According to the U.S. Department of Health and Human Services, scar revision is a surgery to improve or reduce the appearance of scars, and also restores function and corrects skin changes caused by an injury, wound, or previous surgery. The U.S. Food and Drug Administration has approved a V-beam Pulse Dye Laser System for treatment of benign cutaneous vascular lesion, and benign cutaneous lesion such as a wart, scar, striae, and psoriasis, as well as the treatment of wrinkles. In this case, the treatment request is for the treatment of scars. The request is for the treatment of scar formation, and not for the treatment of actinic keratosis. Laser treatment for scars is considered a cosmetic procedure. There is no indication that this procedure will offer functional improvement for this injured worker. The request as submitted for 1 treatment every 4 weeks would not be supported as the injured worker's response to the initial treatment would need to be documented prior to additional treatment. Given the above, the request is not medically necessary at this time.