

<b>Case Number:</b>	CM13-0002046		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	12/20/2012
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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 patient is a 54-year-old female who has submitted a claim for Peroneal Tendonitis of the Left Ankle, Resolved, and Longitudinal Posterior Tibial Tendon Tear, Left Ankle, Resolved, associated with an industrial injury date of December 20, 2012. Medical records from 2012 through 2014 were reviewed, which showed that the patient was devoid of symptoms regarding the left foot or ankle. She was able to perform all activities of daily living without limitation. On physical examination, vascular and neurologic findings were unremarkable. There was slight tenderness at the left posterior tibial insertion. Ankle range of motion was normal. MRI of the left ankle performed on May 16, 2013 revealed a longitudinal tear through the posterior tibialis tendon but no fracture or destructive changes were seen. Treatment to date has included medications and ankle bracing. Utilization review from July 8, 2013 denied the request for three sessions of prolotherapy and 10 sessions of class IV laser treatments because of lack of evidence of effectiveness of these treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THREE SESSIONS OF PROLOTHERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2  
Page(s): 99-100.

**Decision rationale:** According to pages 99-100 of the CA MTUS Chronic Pain Medical Treatment Guidelines, prolotherapy is not recommended. In all studies, the effects of prolotherapy did not significantly exceed placebo effects. In this case, an appeal stated that prolotherapy has a high probability of improving the quality of the patient's tendon and deferring the need for corrective surgery. However, studies have failed to show clinical effectiveness of prolotherapy. Furthermore, the latest progress note reported resolution of tendon pathology. Therefore, the request for THREE SESSIONS OF PROLOTHERAPY is not medically necessary.

**10 SESSIONS OF CLASS IV LASER TREATMENTS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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: Aetna Clinical Policy Bulletin: Cold Laser and High-Power Laser Therapies.

**Decision rationale:** CA MTUS does not specifically address high-power laser therapy (class IV therapeutic laser). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin was used instead. Aetna considers class IV therapeutic lasers experimental and investigational because there is inadequate evidence of the effectiveness of cold laser therapy and high-power laser therapy in pain relief and wound healing. In this case, laser therapy was recommended because this stimulates the mitochondria within the injured cells and stimulates healing while blocking inflammatory mediators. However, there is inadequate evidence to support this claim. Furthermore, the latest progress note reported resolution of tendon pathology. Therefore, the request for 10 SESSIONS OF CLASS IV LASER TREATMENTS is not medically necessary.