

<b>Case Number:</b>	CM13-0003756		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	10/13/2003
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/26/2013

### 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 Occupational Medicine 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 61-year-old female who has submitted a claim for tarsal tunnel syndrome associated with an industrial injury date of 10/13/2003. Medical records from 7/12/12 up to 6/11/13 were reviewed showing continued "hot foot" while lying in bed. Her symptoms were unchanged. She complains of a burning pain that radiates up her left medial ankle to her calf and her gluteal region with the left greater than the right. Physical examination revealed a positive Tinel's with percussion of the left tarsal tunnel and posterior tibial nerve. She had a less distinct Tinel's with percussion of the right tarsal tunnel. Treatment to date has included physical therapy, HEP, and Lyrica. Utilization review from 7/17/2013 denied the request for Physical Therapy X 9 for Cold Laser Therapy. The patient has completed at least 20 physical therapy sessions since 1/2013. No documentation of medical necessity and supported by evidence based guidelines has been submitted to justify additional physical therapy or for cold laser surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY X 9 FOR COLD LASER THERAPY: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine ; Low-Level Laser Therapy Page(s): 98-99; 57.

**Decision rationale:** As stated on page 98 to 99 of CA MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home. Recommendations state 9-10 visits over 8 weeks. As stated on page 57 of the CA MTUS Chronic Pain Medical Treatment Guidelines, low-level laser therapy (LLLT) is not recommended for treatment of pain. The body of evidence does not allow conclusions other than that the treatment of most pain syndromes with low level laser therapy provides at best the equivalent of a placebo effect. In this case, the patient has undergone physical therapy sessions since 1/2013 completing at least 20 physical therapy sessions. She has exceeded the recommended timeline. It was noted that she has been compliant with her home exercise program. The need for additional physical therapy sessions is not warranted given the limited documentation. In addition, cold laser therapy is not recommended as per guidelines. There is no discussion concerning need for variance from the guidelines. Therefore the request for Physical Therapy X 9 for Cold Laser Therapy is not medically necessary.