

<b>Case Number:</b>	CM14-0119453		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/04/2010
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 licensed in Chiropractic & Acupuncture, 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:

Claimant is a 61 year old male who sustained a work related injury on 10/4/2010. Per a Pr-2 dated 6/16/2014, the claimant reports increased pain and discomfort. He has a lot of tightness and reports GI upset. There is local tenderness, decreased lumbosacral motion and he has a positive Apley's test of the bilateral knees. The claimant has amputation of the left foot and uses a short leg prosthesis. His diagnoses are status post traumatic crush of the left foot, status post left foot amputation, left foot neuroma, phantom limb pain of left foot, post traumatic stress disorder, right knee pain, and right knee posterior horn meniscal tear. Prior treatment includes physical therapy, surgery, topical medication, home exercise, and oral medication. He is on modified duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Sessions of Infrared Heat 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 Low-Level Laser Therapy (LLLT) Page(s): 57.

**Decision rationale:** Evidenced based guidelines do not recommend infrared heat as a therapy. Given the equivocal or negative outcomes from a significant number of randomized clinical trials, it must be concluded that 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. Normally infrared heat is used in conjunction with acupuncture therapy. However since acupuncture is not medically necessary, infrared is also not medically necessary.

**8 Sessions of Myofascial Release:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy page(s) Page(s): 60.

**Decision rationale:** According to evidenced based guidelines, massage treatment should be an adjunct to other recommended treatment and it should be limited to 4-6 visits in most cases. Since acupuncture is not medically necessary, this treatment would stand alone and not medically necessary, eight visits exceed the recommended guidelines of 4-6 visits. Therefore the request is not medically necessary.

**8 Electro-Acupuncture Visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to evidenced based guidelines, an initial trial of acupuncture consists of six visits. A request for eight visits exceeds the recommended number. If objective functional improvement is demonstrated, further visits may be certified after the trial. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. If this is not a request for an initial trial, there is no evidence of functional improvement from previously rendered acupuncture to justify further visits. and therefore is not medically necessary.