

<b>Case Number:</b>	CM14-0120412		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/19/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 61-year-old female who reported injury on 04/19/2013. The mechanism of injury was not submitted in report. The injured worker has diagnoses of ankle sprain/strain, derangement of anterior horn or medial meniscus to the left and medial tear cartilage or meniscus knee. Past treatment for the injured worker consists of electro acupuncture. Diagnostics the injured worker has undergone include an MRI, EMG and x-rays. The injured worker complained of pain in the left ankle which she rated at a 4/10 and 6/10 being the worst. Physical examination dated 04/07/2014, revealed that the injured worker had tenderness to palpation to the left knee, ankle and foot. The report lacked any pertinent evidence on range of motion or muscle strength to the injured worker's left knee, ankle and foot. There were no medications listed in the submitted report. The medical treatment for the injured worker is for them to continue the use of electro acupuncture to the knee and to the ankle and also to receive a Functional Capacity Evaluation to the knee as well. The rationale and Request for Authorization form were not submitted in report for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Infrared, elect ACU 15mins knee x12 Elect ACU 15mins, ankle x12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Effective July 18, 2009 Page(s): 57.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Low-Level Laser Therapy (LLLT).

**Decision rationale:** The injured worker complained of pain in the left ankle which she rated at a 4/10 and 6/10 being the worst. The California MTUS does not recommend the use of infrared lasers. There has been interest in using low-level lasers as a conservative alternative to treat pain. Low-level lasers, also known as "cold lasers" and non-thermal lasers, refer to the use of red-beam or near-infrared lasers with a wavelength between 600 and 1000 nm and wattage from 5-500 milli-watts. Laser has received clearance for marketing from the U.S. Food and Drug Administration (FDA), specifically for the treatment of carpal tunnel syndrome. Other protocols have used low-level laser energy applied to acupuncture points on the fingers and hand. This technique may be referred to as "laser acupuncture." 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. The California Medical Treatment Utilization Schedule (MTUS) Guidelines also state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments and acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. Optimum duration: 1 to 2 months. In the submitted report, evidence showed that the injured worker had completed 6 sessions of acupuncture with some improvement in pain. However, the injured worker still had pain and tenderness. The submitted report lacked evidence as to what pain levels were before acupuncture and what pain levels were after acupuncture. There was no evidence of objective functional improvement or of the injured worker having completed or continuing with physical therapy in adjunct with the acupuncture. Given that the infrared is not recommended by the MTUS and the lack of definitive objective functional improvements, the current request is not supported. Furthermore, the submitted request did not specify which knee the infrared acupuncture was for. As such, the request is not medically necessary.

**FCE, knee, ankle x2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Effective July 18, 2009 Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The injured worker complained of pain in the left ankle which she rated at a 4/10 and 6/10 being the worst. The California MTUS/ACOEM guidelines indicate there is a functional assessment tool available, and that is a Functional Capacity Evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. The Official Disability

Guidelines (ODG) do not recommend Functional Capacity Evaluations as routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. Functional Capacity Evaluations are only considered if case management is hampered by complex issues, prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job and/or injuries that require detailed exploration of a worker's abilities. The ODG also recommends FCEs if timing is appropriate. If the subject is close or at MMI/all key medical reports secured or additional/secondary conditions clarified. Given that the ODG recommendations support the use of Functional Capacity Evaluations when case management is impeded by complex issues, and the injured worker is close to Maximum Medical Improvement; the injured worker would not be in compliance with the ODG recommendations. The request did not address the medical necessity of an FCE based on the injured worker approaching maximum medical improvement or failing a prior return to work attempt. The submitted report did not reveal any evidence that the injured worker had been improving on any functional deficits following the course of treatment or pending further diagnostics due to either chronic pain or case management hampered by complex medical issues. Furthermore, the submitted request did not specify which knee and ankle needed the FCE. As such, the request for a Functional Capacity Evaluation to the knee and ankle is not medically necessary.