

<b>Case Number:</b>	CM14-0178554		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	03/19/2013
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 49-year-old male with a date of injury of 03/19/2013. The requesting physician is [REDACTED]. He provides treatment reports from 01/10/2014 through 03/20/2014. According to progress report 02/20/2014, the patient has been denied for "surgery for the left scaphoid nonunion." Physical examination revealed tenderness over the left "snuffbox." The range of motion of the wrist was deferred to range of motion and computer-assisted muscle test from 02/20/2014. Report 03/20/2014 noted "NC tender L snuffbox C ROM PO." The progress reports provided for review do not discuss this request. Utilization review from 10/10/2014 discusses a progress report dated 10/02/2014, which was not provided for my review. This report indicates that the "patient is doing well, scar healed." No physical exam was provided. The UR notes that the treating physician is requesting continuation of chiropractic treatment and laser therapy 2 times a week x3 weeks left wrist. Requests were denied on 10/10/14, due to lack of examination findings and no evidence of functional limitation to require such laser.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Laser Therapy 2 times a week times 3 Weeks Left Wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low-Level Laser Therapy (LLLT) Page(s): 57.

**Decision rationale:** It appears the patient underwent surgery for a left scaphoid nonunion on 12/03/2013. This is a request for laser therapy 2 times a week x3 weeks left wrist. The MTUS Guidelines, page 57, chronic pain medical treatment guidelines, has the following regarding low-level laser therapy (LLLT), "Not recommended.... This meta-analysis concluded that there are insufficient data to draw firm conclusions about the effects of LLLT for low-back pain compared to other treatments, different lengths of treatment, different wavelengths and different dosages." In this case, MTUS does not support low-level laser therapy and states that "its effectiveness is still controversial." Therefore, this request is not medically necessary.