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| Case Number: | CM14-0027112 | | |
| Date Assigned: | 06/16/2014 | Date of Injury: | 01/06/2012 |
| Decision Date: | 07/16/2014 | UR Denial Date: | 02/14/2014 |
| Priority: | Standard | Application Received: | 03/03/2014 |

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, and is licensed to practice in Texas. 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 58 year old male whose date of injury is 01/06/2012. The mechanism of injury is described as lifting a cabinet. Electromyography/nerve conduction velocity dated 05/28/13 revealed an incomplete lesion of the right ulnar nerve and mild right median entrapment neuropathy at the wrist (carpal tunnel syndrome). Diagnoses are cubital tunnel syndrome and reflex sympathetic dystrophy. Initial evaluation dated 02/06/14 indicates that the injured worker complains of pain, numbness and weakness of the right hand. The injured worker underwent right biceps distal tendon repair on 01/30/12 and ulnar nerve decompression on 09/09/13. Failed treatments are noted to include surgical intervention, physical therapy and home exercise program. Office visit dated 05/06/14 indicates that pain is rated as 8/10. Strength is rated as 5/5 throughout with the exception of right C7-8 myotome rated as 4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD LASER THERAPY, 12 TREATMENTS TO THE RIGHT BICEP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Low level laser therapy (LLLTT).

Decision rationale: Based on the clinical information provided, the request for cold laser therapy, 12 treatments to the right bicep is not recommended as medically necessary. The Official Disability Guidelines support laser therapy for adhesive capsulitis and impingement syndrome which are not documented in this case. There is no comprehensive assessment of recent treatment completed to date or the injured worker's response submitted for review. There are no specific, time-limited treatment goals provided.

COLD LASER THERAPY 12 TREATMENTS TO THE RIGHT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Laser treatment (LLLT).

Decision rationale: Based on the clinical information provided, the request for cold laser therapy, 12 treatments to the right elbow is not recommended as medically necessary. The Official Disability Guidelines support laser therapy for lateral epicondylitis which is not documented in this case. There is no comprehensive assessment of recent treatment completed to date or the injured worker's response submitted for review. There are no specific, time-limited treatment goals provided.