

Case Number:	CM14-0069933		
Date Assigned:	07/14/2014	Date of Injury:	12/22/2013
Decision Date:	08/14/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/15/2014

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 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:

According to the records made available for review, this is a 41-year-old female with a 12/22/13 date of injury. At the time (4/25/14) of request for authorization for 6 laser therapy sessions for the lumbar spine, left ankle and bilateral knees, there is documentation of subjective (constant pain of bilateral knees, constant pain of left ankle, and constant pain in low back associated with muscle spasms) and objective (antalgic gait, 1+ midline tenderness and 1+ paravertebral tenderness with bilateral guarding noted, decreased lumbar range of motion, left ankle lateral tenderness, dorsiflexion of left ankle 16 degrees and plantar flexion 30 degrees, tenderness of lateral patellar facet and medial patellar facet bilaterally, pain on forced flexion and extension of both knees, and positive patellofemoral compression sign and apprehension sign bilaterally) findings, current diagnoses (work-related soft tissue trauma to left ankle, both knees, lumbosacral spine, December 12, 2013), and treatment to date (physical therapy and medications (including Vicodin and Naprosyn)).

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Laser Therapy Sessions for the Lumbar Spine, Left Ankle and Bilateral Knees.: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that low level laser therapy is not recommended. Therefore, based on guidelines and a review of the evidence, the request for 6 laser therapy sessions for the lumbar spine, left ankle and bilateral knees is not medically necessary.