

<b>Case Number:</b>	CM14-0195418		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	04/08/2014
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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:

The patient is a 54 year old female with an injury date of 04/08/14. The patient is status post left ankle ORIF on 04/25/14, as per the operative report. Based on the 09/17/14 progress report, the patient complains of pain in the left ankle which causes pain in the hip and the knee as well. As per progress report dated 08/27/14, the patient complains of numbness in the left foot along with dull pain in the left leg medial area just proximal to the left ankle. Physical examination of the foot and the ankle reveals crepitus with flexion and extension along with slight effusion and antalgic gait. In progress report dated 07/31/14, the patient reports difficulty in walking due to pain and stiffness. Left ankle injection (date not mentioned) helped lower the pain significantly, as per progress report dated 09/17/14. Medications, as per the report dated 08/27/14, include oxycodone-acetaminophen, Ondansetron, and Ibuprofen. The patient has completed 12 sessions of physical therapy, as per report dated 07/31/14. The patient has been allowed to return to work with some restrictions, as per progress report dated 07/31/14. X-ray of the Left Ankle (date not mentioned), as per progress report dated 09/17/14: Osteophyte on the medial aspect of the distal fibula at the level of the tibiotalar joint. Diagnosis, 09/17/14: Osteoarthritis of the Ankle. The treater is requesting for LASER TREATMENT TO LEFT ANKLE. The utilization review determination being challenged is dated 10/16/14. The rationale was "the use of this modality is not recommended for the ankle and hence the request is not certified." Treatment reports were provided treatment reports from 04/25/14 - 11/05/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Laser treatment to left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

**Decision rationale:** The patient is status post left ankle ORIF on 04/25/14, as per operative report, and currently presents with pain in the left ankle which causes pain in the hip and the knee as well, as per progress report dated 09/17/14. The request is for LASER TREATMENT TO LEFT ANKLE. MTUS Guidelines, page 57 states "Low-Level Laser Therapy (LLLT): Not recommended." The Guidelines also suggest that "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 treater does not explain why laser treatment is a better option for this patient when compared to other proven conservative treatment modalities. Additionally, MTUS guidelines do not recommend laser therapy. This request IS NOT medically necessary.