

Case Number:	CM15-0137232		
Date Assigned:	07/27/2015	Date of Injury:	01/28/2015
Decision Date:	09/01/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 28 year old male, who sustained an industrial injury on January 28, 2015. He reported pain in both ankles and feet. The injured worker was diagnosed as having bilateral heel fractures. Treatment to date has included CT scan, x-rays, cam boots, medication, ice therapy, surgery and physical therapy. Currently, the injured worker complains of pain and swelling in his right ankle described as numbness and burning, sharp sensation as well as cramping in the right arch. The injured worker is diagnosed with bilateral ankle joint pain. His work status is temporary total disability. A physical therapy note dated April 28, 2015 states the injured worker is tolerating the treatment and one dated May 15, 2015 states the injured worker was walking up and down a slope and he didn't experience as much soreness as he had expected to. A note dated June 8, 2015 lists the goals measured during physical therapy states the injured worker is making moderate progress toward goals. A note dated May 21, 2015 states physical therapy is not helping and MLS cutting-edge cold laser treatment 2 times a week for 3 weeks for the right foot is requested to alleviate pain from soft tissue scarring.

IMR ISSUES, DECISIONS AND RATIONALES

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

MLS cutting-edge cold laser treatment 2 times per week for 3 weeks for the right foot:

Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, 376. Decision based on Non-MTUS Citation --ODG Pain (Chronic, updated 07/15/15), Low level laser therapy (LLLT)--ODG Knee & Leg Chapter (Acute & Chronic, updated 07/10/15), Low level laser wound-healing.

Decision rationale: The treating physician has requested a series of low level laser treatments for pain control and to help reduce painful scar tissue. ACOEM Guidelines 2014 Ankle and Foot Chapter does not recommend laser treatments for acute foot and ankle conditions. Due to chronicity of symptoms, ODG was also consulted. ODG does not recommend use of low-level laser for treatment of chronic pain or for wound healing. Concerning wound healing, ODG states: "Not recommended. Overall, the quality of evidence for this therapy is poor, and does not permit definitive conclusions. The available data suggest that the addition of laser therapy does not improve wound healing, as the vast majority of comparisons in these studies do not report any group differences in the relevant outcomes, and there are no trends or patterns of outcomes that favor the laser group. (Samson-AHRQ, 2004)" Based upon the lack of support for this treatment by evidence-based guidelines, medical necessity is not established for the requested cold laser treatments. Therefore, the request is not medically necessary.