

Case Number:	CM15-0162180		
Date Assigned:	08/28/2015	Date of Injury:	12/03/2012
Decision Date:	09/30/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/18/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 54 year old female, who sustained an industrial injury on December 3, 2012. She reported injury to the left wrist. The injured worker was currently diagnosed as having carpal tunnel syndrome. Treatment to date has included medications, ice application, exercise, diagnostic studies, injections, brace and splint. On July 24, 2015, the injured worker reported less pain and discomfort in her hand. Physical examination revealed positive Tinel's and Phalen's tests. The treatment plan included medications, infrared light treatment and a follow-up visit. A request was made for six infrared light treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared light treatments x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175.

Decision rationale: Pursuant to the ACOEM, infrared light treatments times six are not medically necessary. "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living". In this case, the injured worker's working diagnoses are cervical disc injury with two level cervical disc fusion; lumbosacral disc injury; lumbosacral radiculopathy; cervical sprain strain; lumbosacral sprain strain; myofascial pain syndrome; and carpal tunnel syndrome. Date of injury is December 3, 2012. Request for authorization is July 31, 2015. According to a progress note dated July 24, 2015, subjectively the injured worker reports less pain and discomfort in the hands. The treatment plan states the injured worker inquired about infrared treatments. As a result, the treating provider is requesting infrared treatments. There is no clinical indication or rationale for the infrared treatments. Additionally, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities. Based on the clinical information and medical records, peer-reviewed evidence-based guidelines, no documentation with a clinical indication a rationale and guideline non-recommendations, infrared light treatments times six are not medically necessary.