

<b>Case Number:</b>	CM15-0163467		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	08/05/2014
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 55 year old male, who sustained an industrial injury on 8-05-2014. He reported hyperflexion injury to his right arm while unloading freight. The injured worker was diagnosed as having shoulder pain. Treatment to date has included diagnostics, physical therapy, injections, right shoulder arthroscopic subacromial decompression and open biceps tenodesis on 5-20-2015, and medications. Currently (7-21-2015), the injured worker complains of shoulder pain. His pain was not rated and current medication regimen was not documented. The treatment plan included a trial of low level laser, x6 over 30 days, for the right shoulder. A rationale for the requested treatment was not documented. His work status remained total temporary disability. A PR2 report (7-28-2015) noted pain level 5 out of 10. Medications included Tylenol #3, Hydrocodone, Flexeril, Cyclobenzaprine, and Mobic. Exam of his right shoulder noted decreased range of motion, tenderness, and pain. He had normal sensation and reflexes. He was to continue current physical therapy and home exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Low level laser x 6 over 30 days for the right shoulder:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)- Low level laser therapy (LLLT).

**Decision rationale:** The claimant sustained a work-related injury in August 2014 and is being treated for right shoulder pain. An MRI of the shoulder included findings of a labral lesion and rotator cuff impingement. Treatments have included medications and physical therapy. A rotator cuff decompression and biceps tenodesis was done on 05/20/15 with post-operative physical therapy beginning 07/14/15. When seen, there was decreased shoulder range of motion with trigger points. His BMI was over 30. Additional physical therapy, medications, and a trial of low level laser therapy were requested. Low level laser therapy is not recommended. Based on the equivocal or negative outcomes from a significant number of randomized clinical trials, the treatment of pain syndromes with low level laser therapy provides at best the equivalent of a placebo effect. The request is not medically necessary.