

Case Number:	CM15-0182567		
Date Assigned:	10/01/2015	Date of Injury:	04/23/2013
Decision Date:	12/03/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/16/2015

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 44 year old female with an industrial injury dated 04-23-2013. A review of the medical records indicates that the injured worker is undergoing treatment for shoulder pain, wrist pain and elbow joint pain. In a progress report dated 04-28-2015, the injured worker reported pain in the bilateral arms, elbows, wrist, fingers and shoulders. The injured worker also reported that the pain increase with activity. Objective findings (04-28-2015) revealed decreased sensation of median nerve and a very tender medial and lateral epicondyle area. According to the progress note dated 06-09-2015, the injured worker reported increased pain to the right elbow, forearm and wrist over last several days. Objective findings (06-09-2015) revealed slight to moderate tenderness to right elbow and full range of motion. According to the progress report dated 07-21-2015, the injured worker reported dull sharp pain in the elbows and wrist with some numbness and tingling. Objective findings (07-21-2015) revealed decreased tenderness to right elbow and full range of motion. Treatment has included unknown number of low level laser treatments and periodic follow up visits. The utilization review dated 08-10-2015, non-certified the request for 6 low level laser treatments for bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 low level laser treatments for bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 has a history of a repetitive motion work injury while working as a pharmacy technician with date of injury in August 2012. In April 2015 she was having pain in both arms. Physical examination findings included medial and lateral epicondyle tenderness and decreased median nerve distribution sensation. Recommendations included a home exercise program and beginning low level laser treatments. In June 2015 she had increased pain. An additional six laser treatments were requested. On 07/21/15 a laser treatment was provided. She was having both dull and sharp pain in the elbows and wrists with some numbness and tingling. There was decreased right elbow tenderness with full range of motion. Authorization was requested for continued laser treatments two times per week for three weeks. 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 prior treatments provided as well as the additional treatments being requested are not medically necessary.