

Case Number:	CM15-0191105		
Date Assigned:	10/05/2015	Date of Injury:	02/11/2015
Decision Date:	11/13/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/29/2015

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, South Carolina

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

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 49 year old male, who sustained an industrial injury on 2-11-15. The documentation on 8-27-15 noted that the injured worker has complaints of right ankle and left knee pain. The injured worker graded his pain level an 8 out of 10 on the pain scale. The injured worker reports the pain does affect the sleep, difficulty finding comfortable position at night, he is depressed about his pain, and he is overeating and gaining weight as a result of gait and immobility. The injured worker stated that his left knee was originally injured in 2007. The documentation noted that the injured worker is scheduled for left knee surgery on 9-17-15. Cervical range of motion was grossly within normal limits and the examination of the lumbar spine reveals relatively normal range of motion of the lumbar spine. Examination of the right knee reveals cracking and mild fasciculation upon knee and extension and flexion. There is limitation of full flexion and full extension of the left knee. Examination of the left ankle reveals a slightly swollen right ankle with diminished capability at the dorsiflexion and plantar flexion which is diminished by approximately 30 percent normal. There is tenderness at the subtalar joint and at the dorsum of the left foot. There is also limitation of ulnar and radial deviation of the left ankle. There is tenderness along the instep and the dorsum of the left foot. The diagnoses have included sprain of ankle, unspecified site. Treatment to date has included: anterior cruciate ligament reconstruction in 2007; physical therapy; right ankle cortisone injections; Lexapro; Naprosyn; and lorazepam. Magnetic resonance imaging (MRI) of the right ankle on 3-12-15 reveals moderate arthritic changes about the tibiotalar joint space, with partial thickness cartilage loss in underlying cystic change of the posterior medial tibial plafond; there is additional extensive arthritic change along the medial talus and medial malleolus. The

Utilization Review (9-11-15) partially approved a request for 4 sessions of high power laser therapy for the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 sessions of high power laser therapy for the right ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Low-Level Laser Therapy (LLLT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Laser therapy (LLLT).

Decision rationale: According to the cited CA MTUS and ODG, low-level laser therapy (LLLT) is not recommended as a conservative alternative for pain treatment. Evidence does not allow conclusions other than that the treatment of most pain syndromes with LLLT at best provides the equivalent of a placebo effect. The ODG further state that laser and short-wave therapy have no added value in lateral ankle injuries, and are thus, not recommended. Based on the available guidelines, the request for 4 sessions of high power laser therapy for the right ankle is not medically necessary and appropriate in this injured worker.