MAXIMUS Federal Services

Case Number:	CM15-0191744		
Date Assigned:	10/05/2015	Date of Injury:	08/23/2009
Decision Date:	11/25/2015	UR Denial Date:	09/18/2015
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, Massachusetts
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 48-year-old female with an industrial injury dated 08-23-2009. A review of the medical records indicates that the injured worker is undergoing treatment for history of work related injury with resulting Morton's neuroma traumatic, right metatarsalgia with secondary bunion deformity and hallux valgus, and metatarsalgia with development of plantar fasciitis and early complex regional pain disorder of right foot . According to the progress note dated 07-23-2015, the injured worker reported constant pain in the right foot with associated numbness and swelling. The injured worker reported difficulty-driving, running, walking, and standing for long periods of times. Pain level was 2 out of 10 in the morning and a 7-8 throughout the course of the day and evening on a visual analog scale (VAS). Objective findings (07-23-2015) revealed crossover deformity of the second toes, bunion deformity of the right foot of the first metatarsal, abnormality of the first metatarsal joint along with metatarsalgia on the plantar surface of the right foot with associated plantar fasciitis, bilateral hammertoe deformity of the second toe, hallus valgus deformity of the great toe, and severe pain at the web of the second and third extending through the ball of the right foot. The injured worker had great difficulty bearing weight on right foot. Plantar flexion and dorsiflexion are affected with fascial involvement on the right foot and the injured worker has antalgic gait. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. Radiographic imaging reports were not included for review. The treatment plan included injection of corticosteroid, laser therapy post injection, topical cream, continuation of prescribed medications, and evaluation by podiatrist. The treating physician prescribed services for laser therapy (sessions)

quantity requested: 4. The utilization review dated 09-18-2015, non-certified the request for laser therapy (sessions) quantity requested: 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laser therapy (sessions) quantity requested: 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), online (Ankle & Foot Chapter).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Low-Level Laser Therapy (LLLT).

Decision rationale: The injured worker is a 48 year old woman who incurred a work related injury resulting in Morton's neuroma traumatic, right metatarsalgia with secondary bunion deformity and hallux valgus, and metatarsalgia with development of plantar fasciitis and early complex regional pain disorder of right foot. The recent requested treatment plan including 4 sessions of laser therapy. This is not medically indicated at this time for two reasons. 1) laser treatment is not recommended as routine treatment for any of the conditions the IW currently has, 2) clinical efficacy of laser treatment for foot pain such as the pain the IW reports has not been shown. The guidelines also do not seem to support the requested treatment. According to MTUS guidelines laser therapy is not recommended for pain conditions as meta-analysis of clinical trials lack sufficient evidence supporting long-term efficacy from low-level laser therapy. Consequently the requested treatment is not recommended as being medically necessary at this time.