

Case Number:	CM15-0197765		
Date Assigned:	10/13/2015	Date of Injury:	03/25/2013
Decision Date:	11/24/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/08/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This is a 38 year old female who sustained an industrial injury on 3-25-2013. A review of the medical records indicates that the injured worker is undergoing treatment for right knee internal derangement with degeneration of medial meniscus and diffuse tendinosis. According to the progress report dated 8-27-2015, the injured worker complained of constant right knee pain rated 7-8 out of 10. She was wearing a knee brace and reported an unstable gait. She was waiting for right knee meniscus surgery. Per the treating physician (8-27-2015), the injured worker was temporarily totally disabled. The physical exam (8-27-2015) showed pinwheel over the lower extremities revealed hypoesthesia over the right L3-L5-S1 dermatomes. There was moderate pain to palpation over the right knee. Gait was altered favoring the right lower extremity. Treatment has included physical therapy, knee injections, and medications. The physician noted (8-27-2015) that the injured worker received high powered laser therapy in office with good results. The original Utilization Review (UR) (9-21-2015) denied a request for 4 sessions of high powered laser therapy for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four high powered laser therapy for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anderson BC, et al. Meniscal injury of the knee, topic 186, version 27.0. Up-To-Date, accessed 11/20/2015, Malliaropoulos N, et al. Low-level laser therapy in meniscal pathology: a double-blinded placebo-controlled trial. Lasers Med Sci 2013 Jul; 28 (4): 1183-1188.

Decision rationale: Laser therapy uses a strong, focused beam of light to cut or burn tissue in the body in order to aid healing. There are limited vigorous studies to support its use in the treatment of knee problems due to meniscal injuries, and laser therapy should not be routinely used. The MTUS Guidelines are silent on this issue. However, the Guidelines generally support treatments that have medical evidence demonstrating usefulness and limited risk. The submitted and reviewed documentation indicated the worker was experiencing right knee pain, problems sleeping, and problems walking. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for four sessions of high-powered laser therapy for the right knee is not medically necessary.