

<b>Case Number:</b>	CM15-0024888		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 42 year old male injured worker suffered and industrial injury on 4/11/2013. The diagnoses were right knee patellar chondromalacia, right knee meniscal tears, osteoarthritis of the right knee and lumbosacral strain. The diagnostic studies were x-rays and magnetic resonance imaging of the right knee. The treatments were right knee arthroscopy, cane and physical therapy. The treating provider reported low back pain and right knee pain. On exam there was tenderness to the lower lumbar spine with negative straight leg raise. The right knee has some swelling with limited range of motion along with tenderness. The Utilization Review Determination on 2/9/2015 non-certified High power laser therapy with Physical Therapy to right knee, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**High power laser therapy with Physical Therapy to right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Low-Level Laser Therapy (LLLT) Page(s): 98-99, 57.

**Decision rationale:** The patient presents with low back pain and right knee pain rated 9/10. The request is for high power laser therapy with physical therapy to right knee. The RFA is not provided. The patient is status-post right knee arthroscopy. The patient is to return to modified duty. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended." MTUS Guidelines, page 57 states "Low-Level Laser Therapy (LLLT): Not recommended." The Guidelines also suggest that "given the equivocal or negative outcomes from a significant number of randomized clinical trials, it must be concluded that the body of evidence does not allow conclusions other than that the treatment of most pain syndromes with low level laser therapy provides at best the equivalent of a placebo effect." The treater does not explain why laser treatment is a better option for this patient when compared to other proven conservative treatment modalities. Additionally, MTUS guidelines do not recommend laser therapy. Furthermore, per progress report dated 10/16/14, the patient has received at least 20 physical therapy sessions which did not seem to be helpful. In this case, treater does not explain why on-going therapy is needed despite the lack of efficacy with previous PT treatments and why the patient is unable to transition into a home exercise program. Although the treater has not indicated the number of PT sessions currently being requested, any additional sessions combined with 20 PT sessions already authorized exceeds what is recommended by MTUS. Therefore, the request IS NOT medically necessary.