

Case Number:	CM15-0216219		
Date Assigned:	11/09/2015	Date of Injury:	08/01/2011
Decision Date:	12/18/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/03/2015

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 injured worker is a 66 year old male, who sustained an industrial injury on 8-1-11. The injured worker was diagnosed as being status post left knee medial and lateral meniscectomy. Treatment to date has included arthroscopic left partial medial and left lateral meniscectomy on 4-24-15, physical therapy, and cryotherapy. On 5-29-15 the treating physician noted "excellent wound healing, no signs of infection. He tolerates range of motion from 0-120 degrees left knee flexion. He has moderate effusion." On 5-29-15, the injured worker complained of left knee symptoms. The treating physician requested authorization for a Willow curve laser system for the knees, neck, low back, shoulders, and wrists. Other requests included a replacement interferential unit for the knees, neck, low back, shoulders, and wrist. On 10-5-15 the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Willow curve laser system for the knees, neck, low back, shoulders, wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Low-Level Laser Therapy (LLLT).

Decision rationale: Per Guidelines, infrared therapy remains experimental and investigational as meta-analysis studies concluded that there are insufficient data to draw firm conclusions about the effects of infrared therapy and due to a lack of adequate evidence in the peer-reviewed published medical literature regarding the effectiveness of infrared therapy. Submitted reports have not adequately demonstrated medical indication or necessity beyond guidelines recommendations for this willow curve laser system. The Willow curve laser system for the knees, neck, low back, shoulders, wrists is not medically necessary and appropriate.

Replacement interferential unit for the knees, neck, low back, shoulders, and wrist: 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): Transcutaneous electrotherapy.

Decision rationale: The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved functional status derived from any transcutaneous electrotherapy to warrant an interferential unit for home use for this chronic 2011 injury. Additionally, IF unit may be used in conjunction to a functional restoration process with improved work status and exercises not demonstrated here. The Replacement interferential unit for the knees, neck, low back, shoulders, and wrist is not medically necessary and appropriate.