

Case Number:	CM15-0032805		
Date Assigned:	02/26/2015	Date of Injury:	04/01/2005
Decision Date:	04/09/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/23/2015

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, Arizona

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 52-year-old male who reported injury on 04/01/2005. The mechanism of injury was not provided. The injured worker underwent physical therapy and epidural steroid injections. The documentation of 02/02/2015 revealed the injured worker had decreased range of motion of the cervical spine. The injured worker was requesting a Willow Curve device that was noted to be beneficial for the joint and spine. The injured worker was noted to have ongoing numbness down the fingers. The physical examination revealed a negative Spurling's test. The injured worker had decreased range of motion. The injured worker had upper extremity sensation to light touch that was diminished over the C5-6 dermatome and C6-7 dermatome on the left. The injured worker had 4+/5 strength in the left triceps and hand intrinsics on the left. The injured worker underwent an MRI of the cervical spine and an MRI of the lumbar spine. The diagnoses included degeneration of cervical intervertebral disc, primary, sprained neck, spondyloarthritis cervical, displacement of cervical intervertebral disc without myelopathy, spinal stenosis in the cervical region, radiculopathy, degeneration of the lumbar intervertebral discs and lumbar stenosis. The treatment plan included a Willow Curve device, which the injured worker may use at work while abstaining from narcotic medication. Additionally, the injured worker was noted to be given a prescription for a compounded topical medication. There was a Request for Authorization submitted for review for the Willow Curve treatment for the cervical spine. The date for the request for the 1 Willow Curve treatment to the bilateral knees could not be established.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Willow Curve treatment to bilateral knees: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Low Level Laser therapy (LLLT).

Decision rationale: The Official Disability Guidelines indicate that low-level laser therapy is not recommended, except as a second line option for osteoarthritis of the knee. There was a lack of documentation indicating the injured worker had objective findings or had osteoarthritis of the knee. The rationale for the treatment of the knees could not be established. The clinical documentation submitted for review failed to indicate exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for 1 Willow Curve treatment to the bilateral knees is not medically necessary.