

Case Number:	CM15-0035759		
Date Assigned:	03/04/2015	Date of Injury:	04/09/2014
Decision Date:	04/23/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/25/2015

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: Texas, New York, California
 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 applicant is a represented 29-year-old who has filed a claim for chronic hand, wrist, and thumb pain reportedly associated with an industrial injury of April 9, 2014. In a Utilization Review Report dated February 5, 2015, the claims administrator failed to approve a request for laser therapy for the thumb. The claims administrator referenced an RFA form of February 2, 2015, and associated progress note of January 29, 2015, in its determination. The applicant's attorney subsequently appealed. On January 29, 2015, the applicant had apparently consulted a pain management physician owing to multifocal complaints of low back, hand, wrist, and thumb pain, collectively scored at 7/10. The applicant developed issues with depression. The applicant was on Motrin for pain relief. An epidural steroid injection, topical compounds, and in-office low-level laser therapy were proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laser treatment for the left thumb: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low-Level Laser Therapy (LLLT).

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

Decision rationale: No, the request for laser treatment was not medically necessary, medically appropriate, or indicated here. As noted on page 57 of the MTUS Chronic Pain Medical Treatment Guidelines, low-level laser therapy, the modality at issue, is deemed "not recommended" in the chronic pain context present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that passive modalities, as a whole, be employed "sparingly" during the chronic pain phase of treatment. Here, thus, the request for laser therapy at this late stage in the course of the claim, thus, represented treatment, which was at odds with both pages 57 and 98 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence, which would have offsetted the same. Therefore, the request was not medically necessary.