

Case Number:	CM15-0037469		
Date Assigned:	03/05/2015	Date of Injury:	04/01/2005
Decision Date:	04/16/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/27/2015

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: Internal 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 injured worker is a 52-year-old male, who sustained an industrial injury on April 1, 2005. The mechanism of injury is unknown. The diagnoses have included degenerative joint disease bilateral knees, obesity, status post carpal tunnel release and cervical spinal stenosis or possible herniated disk. Treatment to date has included diagnostic studies, injections, bilateral carpal tunnel release and medications. On January 26, 2015, the injured worker complains of only short-term relief from Synvisc injections. He complained of swelling in the left knee. The right knee has become more painful. He also complains of problems in his cervical spine at C6-7. He had successfully undergone bilateral carpal tunnel release. On February 2, 2015, he complained of ongoing numbness in the fingers and ongoing neck pain that is worse on the right side. He reported the right neck tightness causes tingling in the right forearm. He had intermittent, moderate pain in his neck, constant, slight numbness in his hands and arm and occasional to constant slight tingling in his hands and forearm. On February 11, 2015, Utilization Review non-certified one Willow Curve device, noting the CA MTUS Guidelines. On February 27, 2015, the injured worker submitted an application for Independent Medical Review for review of one Willow Curve device.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Willow Curve device: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low-Level Laser Therapy (LLLT) Page 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Low-level laser therapy (LLLT) Willowcurve.com.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicates that Low-Level Laser Therapy (LLLT) is not recommended. Official Disability Guidelines (ODG) indicates that low level laser therapy (LLLT) is not recommended. Willow Curve is a low-level laser device. The request for a Willow Curve low-level laser device is not supported by MTUS / ODG guidelines, which indicate that Low-level laser therapy is not recommended. Therefore, the request for Willow Curve is a low-level laser device is not medically necessary.