

Case Number:	CM14-0173664		
Date Assigned:	10/24/2014	Date of Injury:	08/27/2013
Decision Date:	12/03/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/21/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 44-year-old female with an injury date of 08/27/13. Based on the 09/11/14 progress report provided by [REDACTED] the patient complains of neck and shoulder pain with tingling in her hand. Physical examination revealed tenderness to the left trapezius and neck. Negative Spurling's on the left. Patient has had acupuncture and physical therapy in the past. Diagnosis 09/11/14- shoulder impingement- shoulder strain- [REDACTED] is requesting outpatient Low Level Laser, for a total of eight sessions. the utilization review determination being challenged is dated 09/22/14. [REDACTED] is the requesting provider and he provided treatment reports from 04/10/14 - 09/11/14. Diagnosis 09/11/14- shoulder impingement- shoulder strain- [REDACTED] is requesting outpatient Low Level Laser, for a total of eight sessions. the utilization review determination being challenged is dated 09/22/14. [REDACTED] is the requesting provider and he provided treatment reports from 04/10/14 - 09/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient low level laser, for a total of eight sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with neck and shoulder pain with tingling in her hand. The request is for Low level laser, for a total of eight sessions. The patient's diagnosis dated 09/11/14 included shoulder impingement, shoulder strain and tendinitis. Patient has had acupuncture and physical therapy in the past. MTUS Guidelines, page 57 states "Low-Level Laser Therapy (LLLT): Not recommended." Provider has not documented reason for the request. Given lack of support by MTUS guidelines, the request treatment is not medically necessary and appropriate.