

Case Number:	CM14-0214210		
Date Assigned:	01/07/2015	Date of Injury:	02/15/2012
Decision Date:	02/28/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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, Illinois

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 injured worker is a 48-year-old female who was injured at work on 02/15/2012. A progress reported of 08/26/14 reported she complained of left elbow frequent throbbing aching pain that radiates into the hand, more with activities; left elbow pain with motion. Pain and difficulty lifting anything that weighs more than 10 pounds. The physical examination revealed tenderness at the medial and lateral epicondyles, as well as pain at end of range of motion. The worker has been diagnosed of possible mild left lateral epicondylitis/ aconeus inflammation, left carpal tunnel syndrome, and mild left cubital tunnel syndrome. Treatments have included elbow sleeve, acupuncture, medications and local injections. At dispute is the request for "One touch" laser unit for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

"One touch" laser unit for home use: 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 Page(s): 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain(chronic); Elbow (acute and Chronic)>, <low level laser therapy; laser treatment>.

Decision rationale: The injured worker sustained a work related injury on 02/15/2012. The medical records provided indicate the diagnosis of possible mild left lateral epicondylitis/ aconeus inflammation, left carpal tunnel syndrome, and mild left cubital tunnel syndrome. Treatments have included elbow sleeve, acupuncture, medications and local injections. The medical records provided for review do not indicate a medical necessity for One touch" laser unit for home use. The MTUS does not recommend the use of low-level laser. Although the official Disability Guidelines recommends the use of 904 nm wavelength as an option in the treatment of lateral epicondylitis, this guidelines recommends the 820, 830 or 1064 nm for this condition. Also, this guideline recommends against using it for the treatment of chronic pain. Therefore, since this injury occurred in 2012, this makes it a chronic pain disorder. Besides, the request did not specify the range: whether 904nm, the accepted range for lateral epicondylitis; or the 820, 830 or 1064 ranges, which are not acceptable. Therefore, the requested treatment is not medically necessary and appropriate.