

Case Number:	CM15-0112819		
Date Assigned:	06/19/2015	Date of Injury:	06/28/2014
Decision Date:	07/17/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/11/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 44-year-old female, who sustained an industrial injury on 06/28/2014. She has reported subsequent foot pain and was diagnosed with neuritis of the lower extremity, foot sprain, tenosynovitis of the foot/ankle and plantar fibromatosis. Treatment to date has included medication, rest and physical therapy. In a progress note, dated 04/10/2015, objective findings were notable for mild tenderness to palpation at the medial tubercle of right heel and sub right heel. MRI of the right foot and heel on 03/16/2015 showed infracalcaneal exostosis and retrocalcaneal exostosis and possible old/chronic avulsion fracture of intracalcaneal exostosis. A request for authorization of MLS laser therapy treatments, 2x3 of the right heel was submitted for right heel pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MLS laser therapy treatments, 2 x 3 for the right heel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines low-level laser therapy Page(s): 57.

Decision rationale: According to the MTUS guidelines, low-level laser therapy is not recommended due to equivocal evidence for its use. In this case, the claimant had also received an order to obtain shock wave therapy, stretching and cortisone injections. Such interventions have more evidence to support their use. The request for MLS laser therapy is not medically necessary.