

Case Number:	CM15-0125970		
Date Assigned:	07/10/2015	Date of Injury:	09/23/2014
Decision Date:	08/11/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/30/2015

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: Emergency 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 51-year-old female who sustained an industrial injury on 9/23/14. Primary treating physician's progress report dated 5/26/15 reports continued complaints of left knee pain. Diagnoses include: left knee pain with myofascial tenderness. Plan of care includes: trial of low level laser and Tramadol 2 at night. Work status is modified duty, sit down work only. Follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Low Level Laser to Left Knee, QTY 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Level Laser Therapy (LLLT). Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Acute & Chronic) - Low Level Laser Therapy (LLLT).

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

Decision rationale: The patient is a 51 year old female who sustained an injury in September of 2014. She subsequently has been diagnosed with a left knee ligamentous injury. The requested treatment is low level laser therapy. The MTUS guidelines states that this treatment modality is generally not recommended. Its use has received clearance for use for carpal tunnel syndrome but there is insufficient evidence for improvement seen with use for osteoarthritis. The guidelines state the following: "Given the equivocal or negative outcomes from a significant

number of randomized clinical trials, it must be concluded that the body of evidence does not allow conclusions other than that the treatment of most pain syndromes with low level laser therapy provides at best the equivalent of a placebo effect. (Naeser, 2002) (Gur, 2002) (Basford, 1999) (Conti, 1997) (de Bie, 1998) (BlueCross BlueShield, 2005)." Due to the lack of evidence low lever laser therapy for the patient's condition, the request is not medically necessary.