

Case Number:	CM15-0176120		
Date Assigned:	09/17/2015	Date of Injury:	05/22/2014
Decision Date:	10/19/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/08/2015

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 61 year old female, who sustained an industrial-work injury on 5-22-14. She reported initial complaints of headaches, cervical spine, elbows, wrist, hands, left knee, ankle, and foot pain. The injured worker was diagnosed as having aftercare following surgery of the musculoskeletal system (left knee), cervical spondylosis without myelopathy, lateral epicondylitis of elbows, carpal tunnel syndrome, tendinitis-bursitis of hands and wrists, bursitis of left knee, and left ankle sprain-strain. Treatment to date has included medication, diagnostics, and surgery. MRI results were reported on 6-4-15 that demonstrate joint effusion, lateral patellar tilt and subluxation with high grade chondromalacia, tendinopathy of the patellar tendon, postsurgical changes involving the proximal tibia, horizontal tear of the posterior horn and body of the medial meniscus. Currently, the injured worker complains of occasional headaches, slight pain in the cervical spine, occasional moderate pain in bilateral elbows, frequent moderate pain in the bilateral wrists and hands, constant severe aching pain in the left knee, and constant moderate to severe pain in the left ankle and foot. Per the primary physician's progress report (PR-2) on 7-27-15, exam notes 1+ spasm and tenderness to the bilateral paraspinal muscles from C4-7, bilateral suboccipital muscles and bilateral upper shoulder muscles, axial compression was positive bilaterally for neurological compromise, positive distraction test and shoulder depression test. The elbows have 2+ spasm and tenderness to the bilateral lateral epicondyles, positive Cozen's and Phalen's tests. Wrist and hand exam note 2+ spasm and tenderness to bilateral anterior wrists and posterior extensor tendons, positive Tinel's, bracelet test, and Finklestein's. Knee exam note surgical scar to right knee, ambulated with a cane, 1+ spasm and tenderness to the right anterior joint line, popliteal fossa and vastus lateral is positive valgus test and varus test. Current plan of care includes additional therapy and bracing to include work

hardening (10 visits). The Request for Authorization date was 8-7-15 and requested service that included Infrared therapy for left leg. The Utilization Review on 8-11-15 denied the request due to this therapy is done during work hardening to include electrical muscle stimulation and infrared therapy but work hardening is not considered medically necessary and then need for service is also not medically necessary, per CA MTUS (California Medical Treatment Utilization Schedule) Chronic Pain Medical Treatment Guidelines 2009, pages 120-127, work hardening program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared therapy for left leg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Low-Level Laser Therapy (LLLT).

Decision rationale: According to the guidelines low level lasers or infrared are not recommended due to conflicting evidence for their use. In this case, the claimant has numerous interventions including therapy, acupuncture, myofascial release and prior infrared therapy. There are many other proven modalities to help with knee, neck and elbow pain. Additional infrared is not recommended and not medically necessary.