

<b>Case Number:</b>	CM13-0000805		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	06/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York and Tennessee. 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 physician 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 was a 54 year old right hand dominant male who was injured on March 13, 2013 when he was involved in a motor vehicle accident. He was treated transported by ambulance to a treatment facility. After examination, he was discharged. There were no diagnostic studies performed. The patient continued to complain of persistent pain in his neck, arms, right shoulder, back, and legs. MRI of cervical spine performed on April 1, 2013 showed central disc extrusion at C3/4, disc osteophytes at C4/5, C6/4, and T1/2, and severe left foraminal stenosis at C6/7. MRI of the lumbar spine performed on April 18, 2013 showed mild spinal canal stenosis at L4/5, disc bulge and facet joint over growth at right L4/5 neural foramen, small disc herniation at L5/S1 touching the S1 nerve root, and degenerative disc disease at L4/5 and L5/S1. The patient was diagnosed with cervical spine disease with bilateral upper extremity radiculopathy, lumbar spine disease with left lower extremity radiculopathy, and right rotator cuff injury with proximal biceps tendon tear. A claim for Solar Care Infrared Heating Pad Purchase Right Shoulder X-Force Stim purchase Right Shoulder was submitted on April 30, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Solar Care Infrared Heating Pad Purchase Right Shoulder X-Force Stim:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** There are no studies with regards to the efficacy of the Solar infrared heating pad and X-force stimulator. There is no information to allow determination for medical necessity and safety.