MAXIMUS Federal Services

Case Number:	CM13-0019114		
Date Assigned:	12/18/2013	Date of Injury:	06/08/2013
Decision Date:	02/04/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/03/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 is a 36-year-old male who reported an injury on 06/08/2013 due to a motor vehicle accident. The patient reportedly sustained an injury to the right shoulder, left hand, elbow, and low back. The patient's most recent clinical examination findings included abrasions and healed injuries with scarring on the patient's left elbow with an intact motor/sensory exam. The patient's diagnoses included contusion with a foreign body of the left elbow, left shoulder contusion, bilateral wrist sprain/strain, bilateral knee sprain/strain, and cervical and lumbar spine sprain/strain. The patient's treatment plan included medications and chiropractic care. â¿¿

IMR ISSUES, DECISIONS AND RATIONALES

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

Solar care FIR Heating System: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has continued pain complaints. However, heating therapy is considered a passive modality. The MTUS Chronic Pain Guidelines do not recommend passive modalities as

standalone treatments. The clinical documentation submitted for review does not provide any evidence that the patient is currently participating in any active therapy. Additionally, clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to lower levels of heating and would a require solar care FIR heating system for pain management. As such, the request for a solar care FIR heating system is not medically necessary and appropriate.