MAXIMUS Federal Services

Case Number:	CM13-0020573		
Date Assigned:	10/11/2013	Date of Injury:	10/13/2008
Decision Date:	01/10/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/04/2013

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 and 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 underlying date of injury in this case is October 31, 2008. The primary diagnosis is lumbar disc degeneration. The treating diagnoses have included lumbar mild ligamentous injury with facet arthropathy, lumbar facet syndrome, bilateral lower extremity radiculopathy, medication-induced gastritis, bilateral knee internal derangement, and status post right knee arthroscopic surgery. As of July 06, 2013, the patient reported low back pain and was noted to have a history of lumbar fusion. There were numerous palpable trigger points. There were no specific objective changes in the patient's neurological examination noted. An initial physician reviewer noted that traditional hot packs should be adequate to address the patient's need and that there was no evidence of recent surgery or lack of effectiveness to support the need for durable medical equipment for femoral modalities.

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 E0221 (Purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1015-1017.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: The MTUS/ACOEM guidelines, chapter 3, pg. 48, state, "During the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise." The guidelines do not support the use of thermal modalities in the current chronic setting. Additionally, the guidelines do not support an indication for the use of durable medical equipment for thermal modalities, particularly in the chronic phase. The request for a solar care FIR heating system E0221 (purchase) is not medically necessary and appropriate.