

<b>Case Number:</b>	CM13-0031951		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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. The expert reviewer is Board Certified in Preventative Medicine has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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/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:

This patient is a 37 year old female employee with date of injury of 11/1/2011. A review of the medical records indicate that the patient is undergoing treatment for right wrist sprain/strain with clinical carpal tunnel syndrome, right forearm sprain/strain, contributing factors - borderline left carpal tunnel syndrome by NCS, 9/6/2013. Subjective complaints include pain in the lumbar region radiating to right foot and toe. Right forearm and wrist pain rated 7-8/10 with numbness and tingling into all fingers; occasional weakness in hand and wrist; pain worsens during activities involving any part of right arm. Objective findings include lumbar radiculopathy in a dermatomal distribution; disc protrusions on MRI, right L5 radiculopathy per V-sNCT, and loss of translational motion integrity and angular motion integrity at L5-S1 per x-rays on Anatomical Impairment Measurement Report, thus supporting radiculopathy from the lumbar spine. Exam revealed the following with regards to the patient's elbows and forearms: no pain to palpation of the medial joint line on the right and of the medial and lateral epicondyles bilaterally. Tinel's sign negative for both elbows and no pain on resisted dorsiflexion of the wrists with the elbows in full extension. An exam was also performed on the wrists: pain on palpation of wrist structures on the right, but no visible swelling or inflammation; evidence of carpal tunnel syndrome on the right and left. Tinel's sign positive on right but negative on left. Phalen's test positive bilaterally; Finkelstein's test negative bilaterally; tenderness to palpation to the right forearm especially at posterolateral aspect. Treatment has included Theramine, Ibuprofen, and Prilosec, Lidoderm patches, interferential unit, tramadol (topical ointment), PT, acupuncture, work conditioning and a right wrist brace. The utilization review dated 9/16/2013 denied the request for [REDACTED] FIR (Far Infrared) heating system.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**██████████ FIR (FAR INFRARED) HEATING SYSTEM: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) and Carpal Tunnel Syndrome, Heat Therapy

<http://www.thmi.com/FIR/heater.html>

<http://www.ncbi.nlm.nih.gov/pubmed/?term=Far+Infrared+Heater+and+wrist+pain>

**Decision rationale:** ODG states "Recommended. Recommend at-home local applications of cold packs first few days of acute complaints; thereafter, applications of heat therapy. (Hochberg, 2001) (Michlovitz, 2002) (Michlovitz, 2004) For arthritic hands, superficial moist heat and cryotherapy can be used as a palliative therapy. These conclusions are limited by methodological considerations such as the poor quality of trials. (Robinson-Cochrane, 2002)". Additionally ODG states with a diagnosis of carpal tunnel syndrome "Recommend at-home local applications of cold packs first few days of acute complaints; thereafter, applications of heat therapy. (Hochberg, 2001) (Michlovitz, 2002) (Michlovitz, 2004)". , ODG recommends application of heat not radiant heat and there is weak evidence in the medical literature to support heat therapy. The ██████████ FIR heating system states that the "heat is similar to the heat produced by a wood burning stove". This is radiant heat similar to a space heater. In addition, a search of the National library of medicine of Far+Infrared+Heater+and+wrist+pain returned no evidence based articles. ODG guidelines do not support the use ██████████ FIR heating system. As such, the request for ██████████ FIR (FAR INFRARED) Heating System is not medically necessary.